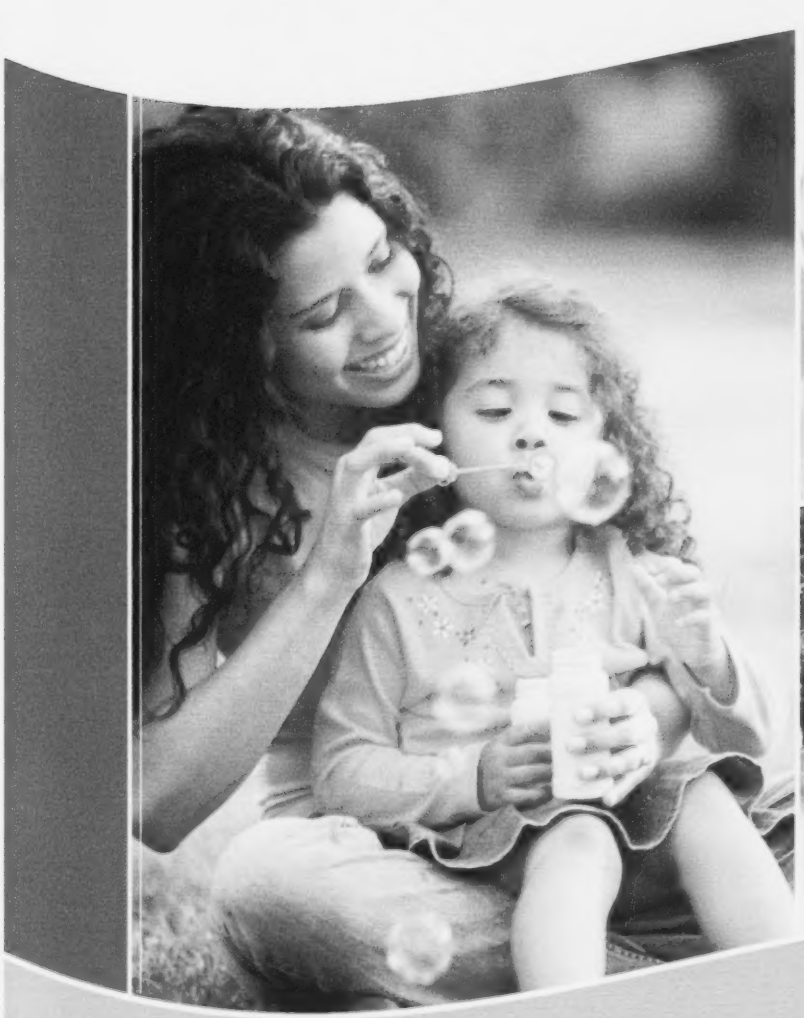
Central West **LHIN**
RLISS du Centre-Ouest

Locally Planned Care

Annual Business Plan
2011 - 2012



Ontario

Central West Local Health Integration Network

Réseau local d'intégration des services de santé du Centre-Ouest

Table of Contents

Message from the Board Chair and CEO	3
Members of the Board	4
Annual Business Plan	5
Mandate and Strategic Directions	5
Environmental Scan and Key Drivers of System Change	6

Detailed Plans for the Central West LHIN

ER/ALC	8
Diabetes	12
Mental Health and Addictions	14
Information Management	17
Aboriginal Health	21
French Language Services	23
Primary Health Care	26
Integrated Regional Programs:	28
Cancer	30
Cardiovascular	32
Musculoskeletal	34
Palliative Care	36
Rehabilitation	38
Services for Seniors	41
Women and Children's Services	44
Diversity and Equity	47
Health Human Resources	49
Back Office Integration	51
Central West LHIN Staffing and Operations	53
ABP Communication Plan	55

Ce document est également disponible en français.

A Message from the Board Chair and CEO

Central West Local Health Integration Network
Board Chair Joe McReynolds
and CEO Mimi Lowi-Young

June 1, 2011

Mr. Alex Bezzina
Assistant Deputy Minister, Health System Accountability and Performance Division
Hepburn Block, 5th Floor
80 Grosvenor Street
Toronto, Ontario M7A 1R3

Dear Mr. Bezzina:

Re: 2011 - 2012 Annual Business Plan

In accordance with the requirements of the Local Health System Integration Act 2006 and the obligations under the Agency Establishment and Accountability Directive, please find enclosed the Central West LHIN's 2011-2012 Annual Business Plan. The Annual Business Plan is one of the two components of the Annual Service Plan process and details the LHIN's multi-year planning for the local health system. The Annual Business Plan describes how the Central West LHIN is progressing on the priorities of our Integrated Health Services Plan (November 2009).

This Annual Business Plan 2011-2012 has been reviewed and subsequently approved by Central West LHIN's Board of Directors at its meeting on Wednesday, May 25, 2011.

Sincerely,

Joe McReynolds
Board Chair of the Central West LHIN

Mimi Lowi-Young
Chief Executive Officer of the Central West LHIN

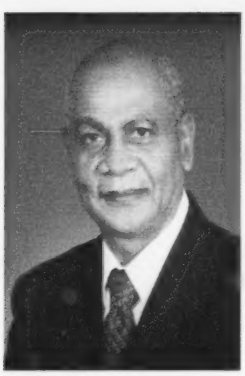
Members of the Board

Joe McReynolds
Chair
June 9, 2008 –
June 8, 2011

Terry Miller
Vice Chair
June 9, 2008 –
June 8, 2011

Kuldip Kandola
Secretary
June 9, 2008 –
June 8, 2011

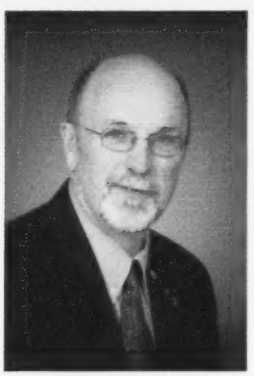
Anita Gittens
Member
May 17, 2008 –
May 16, 2011



Winston Isaac
Member
Jan. 13, 2010 –
Jan. 12, 2012

Gerry Merkley
Member
June 17, 2010 –
June 16, 2013

Emily Tan
Member
July 8, 2010 –
July 7, 2013



Ken Topping
Member
Oct. 6, 2010 –
Oct. 5, 2013

Lorraine Gandolfo
Member
Oct. 27, 2010 – Oct.
26, 2013

Incoming Board Members:

Maria Britto
Incoming Board Chair
June 9, 2011 – June 8, 2014

Suzan Hall
Incoming Board Member
May 17, 2011 – May 16, 2014

Hon. John McDermid
Incoming Board Member
June 9, 2011 – June 8, 2014

Pardeep Nagra
Incoming Board Member
June 9, 2011 – June 8, 2014

Annual Business Plan

The Central West Local Health Integration Network (LHIN)'s goal is to develop an integrated system of health services aimed at improving access to the right services at the right time. The Central West LHIN's Integrated Health Services Plan 2010-2013 (IHSP2) outlines the transformational work that will be accomplished to improve the local health care system. The IHSP2 details the LHIN's priorities and strategic directions, including specific goals, rationale and the measures that will be used to determine our successes.

The Annual Business Plan is a key component of the Ministry / LHIN Performance Agreement (MLPA) and highlights key actions and interventions the LHIN intends to take, by providing a detailed implementation plan for the upcoming year. The plan builds on previous years' successes, captures changes for the 2011-2012 year, and recognizes that many initiatives have implications in years beyond 2011-2012. It outlines the expected impacts of key action items for each of the LHIN's priorities identified in the IHSP2.

The key action items highlighted in the Annual Business Plan for each priority are indicative of the full spectrum of the LHIN's work. As an extension of the IHSP2, the Annual Business Plan indicates how, in partnership with health service providers and the community, the Central West LHIN will work to improve the health of residents who live within the LHIN's geographic boundaries.

Mandate and Strategic Directions

Under the Local Health System Integration Act (LHSIA), the Central West LHIN has the authority to plan, coordinate, integrate, fund and monitor the local health system for the purpose of improving the health of residents who live in local communities within the LHIN's geographic boundaries. Based on this mandate, the Central West LHIN established its strategic directions using 5 guiding principles:

1. Equitable access based on patient / client need.
2. Preservation of patients' / clients' choice.
3. People-centred, community-focused care that responds to local population health needs.
4. Measurable, results-driven outcomes based on strategic policy formulation, business planning and information management.
5. Shared accountability between providers, government, community and citizens.

The Central West LHIN's strategic directions are fully aligned with the Ministry of Health and Long-Term Care (MOHLTC) priorities and are based on community engagement, data analysis and leading practice research at the local level.

Strategic directions that align with provincial priorities of the MOHLTC include:

- ER/ALC
- Diabetes
- Mental Health and Addictions
- Information Management
- Aboriginal Health
- French Language Services

Strategic directions that reflect needs at the local level include:

- Primary Health Care
- Integrated Regional Programs
- Diversity and Equity
- Health Human Resources
- Back Office Integration

Environmental Scan and Key Drivers of System Change

The Central West LHIN now funds 53 health service providers with a total transfer payment of $759,377,113 in 2010/11. Included in the total transfer payment for 2010/11 is funding for the following initiatives:

- Growth Funding: $923,300
- Post Construction Operating Plan (PCOP) Funding: $9,528,100
- ER/ALC Pay for Results Funding: $4,063,400
- CCAC Service Maximum: $1,628,000
- Aging at Home Funding: $3,909,380

Health service providers in the Central West LHIN consist of:

- 2 community health centres
- 1 Community Care Access Centre
- 2 hospital corporations
- 9 mental health and addictions services
- 24 long-term care homes
- 15 community support services

Key drivers of system change in the Central West LHIN include:

Brampton Civic Hospital: Services at the Brampton Civic site of the William Osler Health System are expanding to meet local needs, as funding is made available to support the development of a range of integrated clinical programs, providing specialized regional and tertiary programs for residents throughout the LHIN.

Clinical Utilization: 37% of residents in the Central West LHIN seek inpatient care from providers outside of the LHIN borders. The objective is to increase local access to a broader range of health services for residents of the Central West LHIN.

Community Services Funding Increase: The Central West LHIN will utilize the 3% funding increase to the community service sector to support local growth and LHIN service priorities.

Diabetes: According to the Canadian Community Health Survey (2009), the prevalence of diabetes within the Central West LHIN has improved from 8.6% to 5.2% compared to 6.4% provincially. Moving forward with the province's Diabetes Strategy and the establishment of the Central West Regional Coordination Centre for Diabetes at William Osler Health System should benefit residents of the LHIN by establishing a system of care that promotes education, prevention and wellness and, ultimately, better disease management. The Ministry of Health and Long-Term Care (MOHLTC) has also committed to the development of a Complex Diabetes Centre at William Osler Health system that will support those clients with intense clinical needs. This centre is one of three to be developed.

Diversity: Approximately 46% of the population of the LHIN is identified as immigrants and over 50% are visible minorities, requiring the development of more culturally and linguistically appropriate health care services.

Emergency Volumes: Demand for emergency services in the Central West LHIN continues to increase, particularly at Brampton Civic, where growth in 2010/11 fiscal year volumes increased by 7.3% compared to 2009/10. In addition, almost 30% of residents in the Central West LHIN seek emergency room care from providers outside of the LHIN borders. Reducing the waits for and improving access to emergency care is fundamental to the LHIN's work with health service providers to ensure patients obtain the right type of services, in the right place, at the right time.

ER/ALC: Ensuring timely access to hospital emergency services is a priority for the health care system. In order to achieve this goal, the Ministry of Health and Long-Term Care has sponsored the ER/ALC strategy, which is focused on both improving emergency room (ER) performance and reducing the number of patients in hospital who require an alternate level of care (ALC). Improvements in the flow of patients through hospital and into the community or to a more appropriate setting are required to shorten the time people wait in the emergency room. This is the third year that the government has invested in this strategy. All hospitals in the Central West LHIN have been funded under the ER/ALC strategy to improve emergency department performance and are working towards set performance targets.

Excellent Care for All Act: According to this new legislation, health care organizations are expected to develop a quality improvement plan that is grounded in data collected about patient satisfaction regarding service provision and patient relations processes, data about employee satisfaction with the workplace, and other quality indicators measured by these organizations. Each quality improvement plan must contain annual performance targets and the extent to which compensation for health care organization executives is linked to those targets.

French Language Services Act (FLSA): The FLSA guarantees to all persons and corporate entities the right to communicate with the government and its agencies, boards and commissions in French and to receive services in French. As a Crown agency, the Central West LHIN is committed to increasing access and accessibility to French language health services by meeting the requirements of the FLSA, which is further supported by the Local Health System Integration Act.

Local Health System Integration Act (LHSIA): The LHSIA gives the Central West LHIN the power to plan, coordinate and fund health care providers located within its geographic boundaries. In integrating local health services and programs, the LHIN will engage the community and health service providers to identify needs, reduce inefficiencies and improve health services.

Mental Health and Addictions: The goals of the province's Every Door is the Right Door: 10-year Mental Health and Addictions Strategy are to improve the health and well-being for all Ontarians, to reduce the incidence of mental illness and addiction, to identify mental illnesses and addictions early and to intervene appropriately, and to provide high quality, effective, integrated, culturally-competent, person-directed services and supports. Furthermore, the report from the Select Committee on Mental Health and Addiction (Navigating the Journey to Wellness: The Comprehensive Mental Health and Addictions Action Plan for Ontarians) stresses that a radical transformation of mental health and addictions care is necessary if Ontarians are to get the care they need and deserve.

Peel Memorial Redevelopment: The LHIN awaits the announcement of approval for the redevelopment of the Peel Memorial Health Centre site of the William Osler Health System. This multipurpose health service centre will provide urgent care, ambulatory services, women and children's services, seniors' services, and mental health and addictions services.

Population Growth: Based on the 2006 Statistics Canada Census, the Central West LHIN has the highest growth of any LHIN in the province and its population is expected to continue to grow by 25% over the next 10 years. In 2010/11, $923,300 in hospital high growth funding was invested to assist with the Central West LHIN's population growth.

Primary Health Care: In order to continue to increase access to primary care, the LHIN is building on the province's primary care improvement initiatives by supporting the development of new family health teams, increasing the number of community health centre satellites, working with physician recruitment groups, increasing the use of inter-professional collaborations, and developing the Health and Care Centre model in the communities of Bolton and Shelburne.

ER/ALC

We have a vision for an emergency system that delivers high quality, patient-centred care that meets the urgent needs of the community and that reduces wait times in the emergency department.

IHSP Priority Description

Decreasing emergency room (ER) wait times is fundamental to the LHIN's work with health service providers. Long waits for patients in emergency rooms require a systems approach involving hospitals and community service providers. Our integration priorities tie directly to our commitment to reduce emergency room wait times.

The LHIN is working on reducing the number of days patients are staying in hospital when they should be receiving alternate care and treatment in another setting. Reducing alternate level of care (ALC) focuses on ensuring patients obtain the right type of service in the right place at the right time.

Current Status

- When comparing the number of ER visits from fiscal years 2009/10 and 2010/11, Brampton Civic has experienced a 7.3% growth in volumes. This growth in ER volumes is higher than the provincial growth rate of 2.7%.

- The Central West LHIN is working to meet provincial ER/ALC targets in the following performance areas:
  - Time spent in the ER for high acuity patients (all admitted and non-admitted patients).
  - Time spent in the ER for low acuity patients (non-admitted patients).
  - Percentage of ALC days.

- The Central West LHIN continues to face challenges in managing the volumes of high acuity patients. The length of time that high acuity patients spend in the emergency department increased from 14.3 hours in Q4 2009/10 to 15.1 hours in Q4 2010/11 (a decline in performance of 0.8 hours or 48 minutes). The provincial target is 8 hours.

- The Central West LHIN has however seen improvements in the length of time that low acuity patients spend in the emergency department from 4.7 hours in Q4 2009/10 to 4.1 hours in Q4 2010/11 (an improvement of 0.6 hours or 36 minutes) moving toward the provincial target of 4 hours.

- The percentage of ALC days in Q3 2010/11 is at 7.96%. This is an improvement when compared to Q3 2009/10 (11.3%). The LHIN has met the local target of 9.50% and the provincial target of 9.46%.

- The Central West LHIN has three hospitals (Brampton Civic, Etobicoke General and Headwaters Health Care Centre) that are included in the Emergency Department Pay for Results Program. Under this program, hospitals are working towards an overall 5 - 10% improvement in the following three performance areas by the end of - 2011/12:
  - 90^{th} Percentile ER Length of Stay for admitted patients.
  - 90^{th} Percentile ER Length of Stay for non-admitted, high acuity patients.
  - 90^{th} Percentile ER Length of Stay for non-admitted, low acuity patients.

- To reduce the amount of time individuals wait in the ER and the number of ALC days, the Central West LHIN invested over $9.6 Million in 2010/11 through the following funding strategies:
    - ER/ALC Pay for Results - $4.1 Million
    - CCAC Service Maximum - $1.6 Million
    - Aging at Home - $3.9 Million

- For 2011/12, the Central West LHIN is investing $5.4 Million through the ER/ALC Pay for Results Program. Initiatives that the LHIN is pursuing across the spectrum of care to bring about improvement in ER performance include:
    - **Nurse Practitioner Long-Term Care Outreach Team**: Provides additional support in long-term care homes to avoid transfers to the emergency room (ER) and unnecessary utilization.
    - **Medical Admissions Unit (MAU)**: An 8-bed pod distinct from the ER designed to address the additional needs of patients who require further diagnostic investigation or physician consultation.
    - **Community Care Access Centre (CCAC) Case Manager**: Focus on case finding of hard to reach seniors who present to the Brampton Civic and Etobicoke General ERs and identify service requirements that may assist in avoiding admission.
    - **After Hours Urgent Care Clinic (UCC)**: Opened in October 2008 and provides appropriate care for low acuity patients outside the ER, creating additional capacity in the ER. The UCC now operates 12 hours a day, 7 days a week.
    - **Paediatric Assessment Zone (PAZ)**: Paediatric patients represent approximately 25% of our patient population within ERs at William Osler Health System. A PAZ model was implemented with specialized order sets, customized education and training for staff and a paediatric-friendly environment will enhance flow and quality of care for these patients.
    - **Cardiac Assessment Zone**: Implemented at Brampton Civic and expanded to Etobicoke General. Chest pain is the most significant reason for visits to William Osler Health System's ERs. This pod is designed to streamline patients with chest pains and initiate medical directives to provide care effectively and efficiently.
    - **Mental Health Extended Observation Unit**: Designed to provide specialized services to mental health patients and create additional capacity in the ER.
    - **ACTION (Access and Care Transformation Initiative at Osler Now)**: A process redesign intended to improve the appropriate flow for patients through the hospital and into the community.
    - **See and Treat Unit at Headwaters Health Care Centre**: Designed to provide services for ambulatory, non-monitored patients of high and low acuity to create additional capacity to see complex patients sooner in more acute area.
    - **Emergency Department Performance Improvement Plan (ED-PIP)**: Implemented at Headwaters Health Care Centre with focus on improving patient flow from the ER through to inpatient units. Brampton Civic Hospital and Etobicoke General Hospital will be participating in Wave 4 of ED-PIP in 2011/12.
    - **Emergency Department Collaborative**: The Emergency Department Collaborative identifies clients who could go home from the Emergency Department and avoids unnecessary admissions to the hospital. Case managers in the ED resulted in increased rate of referrals of clients to CCAC services due to increased awareness of CCAC services, and timelier processing of referrals.
      Physician Initial Assessment (PIA): Funding was provided in 2010/11 to compensate the expansion of ER staffed hours in the ER at all three ED P4R hospitals

- Initiatives to support further reduction of ALC days in the LHIN include:
    - **Home First**: The Home First philosophy has been adopted throughout the Central West LHIN. Programs have been implemented to prevent unnecessary admissions and facilitate discharge of clients home when they might otherwise remain in hospital and/or be placed in long-term care including:

    - Wait at Home for Long Term Care: Provides adequate support for patients to transition home to wait for long term care placement.
    - Wait at Home for Rehab: Provides adequate support for patients to transition home to wait for inpatient or community rehab.
    - Enhanced End-of-Life Program: Allows the Central West CCAC to provide enhanced services to patients in their home near end-of-life to allow patients to be comfortable in their homes and avoid hospitalization.
    - Stay at Home: Enhanced services to support very frail, elderly clients with the goal to prevent unnecessary visits to the ER and avoid potential admissions.
  - **Convalescent care beds in long-term care homes**: 40 convalescent care beds are available in long-term care homes in the Central West LHIN for individuals who require a period of convalescence following treatment in a hospital.
  - **Restorative beds**: 6 short stay beds are available in supportive housing and assisted living settings within the LHIN to assist individuals transitioning out of hospital into the community.
  - **Nursing Care Centres**: Expanded to 3 locations in the Central West LHIN geography (Brampton, Orangeville and Etobicoke) to support each of the emergency departments by improving access to timely care.
  - **Bridging you Home**: Provides care and support to seniors in a retirement home setting on a short-term basis.
  - **Palliative Care Share Model**: A shared care model that will provide clinical consultative services to support the provision of care in the community.
  - **The Rural Geriatrics Outreach Program**: Supports rural seniors in the Bolton and Shelburne Area to continue to live in their homes as well as assist in the transition from acute care to the community.
  - **Specialized Geriatric Services**: Provides a range of specialized geriatric assessments and treatment (medical/physical) and rehab services, using inter-professional teams, based on best practice.
  - **Patient Flow Improvement Project**: The Central West LHIN is one of four LHINs participating in a Ministry of Health and Long-Term Care – sponsored Patient Flow Improvement Project. The overall objective is to identify and recommend solutions and policy options to improve patient flow. The Central West LHIN worked with our providers to identify initiatives that are currently being implemented that meet the project objectives.

- The Central West LHIN's ER/ALC network brings key stakeholders together to address issues related to performance results and strategies to improve performance.

Goals

- **Reduce ER demand:** Reducing the number of non-urgent cases that present at the ER will enable emergency clinicians to focus on patients with high clinical needs.
- **Increase ER capacity/performance:** Improving triage and admission processes and reducing ambulance offload times will enable emergency clinicians to provide more efficient care.
- **Improve bed utilization:** Improving bed utilization ensures patients are receiving the right level of care and improves the use of hospital resources.
- **Enhance integration and improve access:** Improving coordination results in easier and timelier movement into and out of hospital emergency departments and in-patient units, to the CCAC, long-term care facilities, and community providers.

Consistency with Government Priorities

Reducing emergency room (ER) wait times is the Ontario government's top priority. The Central West LHIN has aligned its goals accordingly.

Action Plans / Interventions	2011/12	2012/13	2013/14
Improve emergency department performance by working with hospital, CCAC and community partners to implement the Central West LHIN's ER/ALC Pay for Performance Action Plan.	100%		
Improve ALC rate by working with hospital, CCAC and community partners to implement the Patient Flow Improvement Project.	100%		
Implement and sustain the Central West LHIN's Home First Philosophy.	100%		

Expected Impacts of Key Action Items

- Improve emergency room (ER) performance and reduced ALC days, in accordance with the Ministry/LHIN Performance Accountability Agreement.
- Reduce ER wait times for high acuity patients in the Central West LHIN by 10%.
- Continue improvement in ER wait times for low acuity patients in the Central West LHIN by 5%. Continue improvement in percentage in ALC days (currently below provincial target). Increase percentage of registered patients referred to a family physician through Health Care Connects from the current rate of 73%.

Risks/Barriers to Successful Implementation

- Increasing volume of emergency department visits at Brampton Civic.
- Population growth.
- Availability of health professionals.

Diabetes

We have a vision for a system of services that improves the lives of people living with, or at risk of, chronic diseases. Our initial work with diabetes will establish the platform for excellence in the prevention and management of chronic diseases.

IHSP Priority Description

Diabetes is important to the Central West LHIN since the local population has one of the highest prevalence rates of diabetes among LHINs, and the rate continues to increase steadily. As cited by the Canadian Diabetes Association, there is evidence that suggests a predisposition to diabetes in the immigrant and ethno-culturally diverse population of the Central West LHIN. Additionally, the prevalence of end stage renal disease (often the result of complications with advanced diabetes) has increased in the Central West LHIN population.

The Central West LHIN is looking to establish a system of care that promotes education, prevention, and wellness. This system of care will empower individuals to actively self-manage their chronic diseases, complications and co-morbidities in partnership with their primary care providers, while being tailored to meet the needs of the LHIN's ethno-cultural communities.

Current Status

- The Central West LHIN currently has a total of 11.5 Ministry of Health and Long-Term Care (MOHLTC) funded diabetes education programs that are delivered by 5 health service providers across the LHIN.

- The Central West Regional Diabetes Coordination Centre is hosted by William Osler Health System within the Central West LHIN. The centre will organize and coordinate regional diabetes services and plan for future programs and services in the region. A full complement of staff was recruited and in place in January 2011. The Centre has developed a strategic plan and is currently implementing diabetes self-management.

- The William Osler Health System is the site for the Regional Chronic Kidney Disease Coordination Centre. The program will organize and coordinate renal services in the Central West LHIN. The program is staffed and supported by a regional steering committee that is developing a vision for renal services throughout the Central West LHIN.

- The LHIN continues to work with the MOHLTC and the Ontario Renal Network for approval of a 36-station chronic kidney disease satellite in Etobicoke.

Goals

- Promote education and wellness to empower individuals to actively self-manage their chronic disease(s) in partnership with their primary care providers, with a focus on prevention.
- Establish programs and services that address complications and co-morbidities, and that are tailored to meet the needs of the LHIN's ethno-cultural communities.

Consistency with Government Priorities

The Central West LHIN is strongly committed to improving access to diabetes care for local communities by supporting the roll-out of the provincial Diabetes Strategy. The intention is to develop patient-focused models of care that will provide education to avoid the onset of disease and promote early diagnosis of diabetes, effective self-management education for patients and on-going monitoring, to enable rapid treatment of complications. How these models of care will be developed and implemented locally is a key priority for the Central West LHIN.

Action Plans / Interventions	2011/12	2012/13	2013/14
Implement the Diabetes Registry locally.	50%	50%	
Work with the Regional Diabetes Coordination Centre and develop and implement a local multi-year plan.	50%	50%	
Work with the Regional Diabetes Coordination Centre to implement self-managed care education and training to health service providers.	50%	50%	
Work with the Regional CKD Coordination Centre to fund, develop and implement a local multi-year plan.	50%	50%	
Implement the Regional CKD Coordination Centre based on best practices, and develop innovative delivery systems, such as home- and long-term care-based dialysis therapies in association with the Ontario Renal Network.	25%	25%	25%

Expected Impacts of Key Action Items

- Increase percentage of people with diabetes who receive clinical testing (e.g. blood sugar levels, cholesterol, retinal eye exam) from 33.5% to at a minimum the provincial rate of 35%.
- Continue to reduce the prevalence of diabetes in Central West LHIN from current rate of 5.2%
- Increase proportion of Central West LHIN residents receiving chronic kidney disease services within the LHIN from current rate of 56%.
- Increased rates of home dialysis at Osler from current rate of 5.54% to target of 8.11% by 2013.
- Reduce # of emergency room visits for both hyperglycemia and hypoglycaemia by 30% by 2013. Across the province, as of the second quarter in 2010/11, 437 hyperglycemia patients and 849 hypoglycaemia patients visited the emergency room.

Risks/Barriers to Successful Implementation

- Availability and access to clinical data and information and monitoring systems.
- Clinical resources to support the Diabetes Education Programs.
- Educating chronic kidney disease patients on dialysis options.
- Involvement and active participation of primary care.

Mental Health and Addictions

We have a vision of an expanded community-based, consumer-centred, mental health and addictions services system, designed to improve the lives of people living with mental health and addictions concerns, which meets their individual health needs and circumstances.

IHSP Priority Description

Looking to the future, the Central West LHIN envisions services in our region to be grounded in need and in recovery. Individuals and their caregivers will know how and when to access a wide range of integrated services across the continuum that supports those living with mental illness and addictions. The LHIN's goal is for residents with mental illness and addictions to be able to make their own decisions about their care, treatment and goals for recovery, as well as to self-monitor their condition.

The Central West LHIN is home to mental health and addictions services organizations that provide a comprehensive range of services to residents. However, community engagement sessions have repeatedly identified significant needs for expanded mental health and addictions services.

Current Status

- The Central West LHIN funds 9 mental health and addictions services.
- The scope of community-based services include residential long-term drug and alcohol addiction treatment for men, assertive community treatment teams, intensive case management, justice services, rehabilitation programs, outreach, peer and youth support, individual and group counselling, transitional support, and supportive housing.
- Almost 18,000 unique individuals were served and over 12,000 groups were held, as per health service provider 2009/10 reports.
- Two Central West LHIN hospitals working in partnership: In 2009/10, Headwaters Health Care Centre transferred 87% of adult mental health patients to William Osler Health System, up from 17% in 2005/06.
- The number of mental health separations declined by 4.1% (193 separations) in 2009/10 compared to in 2008/09. The localization index is largely unchanged at 71.5% in 2008/09 and 71.0% in 2009/10.
- The percentage of repeat unplanned emergency visits within 30 days for mental health conditions is 13.0%for Q2 2010/11. Performance has improved against the LHIN's baseline of 14.20% in Q4 (January to March) of 2009/10 but did not meet the provincial target of 12.10%.
- The percentage of repeat unplanned emergency visits within 30 days for substance abuse conditions is currently 20.4% for Q2 2010/11. Performance has declined against the LHIN's baseline of 17.00% in Q4 2009/10 and provincial target of 14.50%.

- New services to Dufferin County residents include short-term transitional support including housing, supportive housing to 16 new clients, 288 hours of psychiatric consultation/education to Headwaters Health Care Centre.

- Services to the Malton area increased through 288 hours of psychiatric consultation/ education available through Punjabi Community Health Services.

- Psychiatric sessionals (provider consultation/education) almost doubled to 1,641 4-hour sessions and planned allocations reach across the system to addiction providers and to primary care, including to the aforementioned Malton and Dufferin-based providers.

- Services for seniors with mental health and addiction issues enhanced through Aging At Home funding e.g. psycho-geriatric outreach services through three full-time staff, targeted to serve 200 individuals annually.

- The Central West Concurrent Disorders Network hired two full-time short-term case management staff targeted to serve an estimated 120 clients annually. The network of 25 health and social service organizations also reached agreement to use a standard screening tool with their clients for concurrent disorders to help identify co-occurring mental illness and substance use and plan treatment earlier.

- Supportive housing for problematic substance use targeted to serve 16 clients in Brampton and Malton is ready for implementation by Supportive Housing In Peel, in partnership with an addictions services provider.

- The Canadian Mental Health Association – Peel started planning for a 2-year prevention and early-intervention project that targets the primary social and psychological factors that lead youth to engage in substance use and other risk-taking behaviours – anticipated to annually serve 80 youth aged 12 to 18 years using illicit drugs.

- The LHIN is assisted by local leadership through the monthly meetings of the Mental Health and Addictions Services Core Action Group. Priorities included:
    - Establishment of common assessment practices amongst providers and with client consent, easy electronic access to assessments to facilitate more integrated care.
    - Compliance with Ontario Healthcare Reporting Standards, including consistency across the Mississauga Halton LHIN boundary.
    - Monitoring system performance against provincial indicators.

Goals

- Improve access to mental health and addiction services across the LHIN.
- Address priorities identified in the provincial 10-year Mental Health and Addictions Strategy related to local needs.
- Expand community based, consumer-centred mental health and addiction services that meet individuals' needs and circumstances.

Consistency with Government Priorities

The Central West LHIN will support the local implementation of the provincial 10-year Mental Health and Addictions Strategy, helping to create a system that provides everyone who needs care with equitable access to safe, respectful, and effective services. The Central West LHIN will develop and implement strategies aligned with and supportive of related provincial priorities of reducing wait times in Emergency Departments and reducing time in Alternate Level of Care (ALC) beds.

Action Plans / Interventions	2011/12	2012/13	2013/14
Implement the integrated assessment record based upon learning from the local pilot.	100%		
Complete implementation of supportive housing units as announced.	100%		
Leverage local resources to improve access to services based on the needs identified in the Dufferin and Malton reports e.g. psychiatric sessionals, common assessment.	50%	50%	
Based on the Dufferin and Malton reports, develop local integrated mental health and addiction system plans in the communities of Caledon, Rexdale and Brampton.	30%	70%	
Implement recommendations of the Concurrent Disorders Network: specialized transitional and group support, developing system capacity and expertise.	100%		
Through the Consumer Survivor Network – Central West, facilitate the planning and implementation of consumer-identified service priorities e.g. drop-in activities, psychiatric care.	20%	20%	20%

Expected Impacts of Key Action Items

- Reduce number of repeat unplanned emergency visits within 30 days for mental health conditions from current 13.0% to LHIN target of 12.1%.
- Maintain and improve on the number of repeat unplanned emergency visits within 30 days for substance abuse conditions as the current performance is 20.4% compared to the LHIN target of 14.5% in 2010/11.
- Sixteen new clients receive supportive housing for problematic substance use.
- By March 2012, all mental health and addiction providers will adopt the common assessment tool that will facilitate client-led decision-making and matching services to need.

Risks/Barriers to Successful Implementation

- Significant action may be dependent upon the announcement, implementation, implications and funding support of the provincial 10-year Mental Health Strategy.
- Funding levels for mental health and addictions services remain a challenge and improved integration may not sufficiently address gaps.
- The availability of mental health and addictions professionals.
- The social and economic conditions often faced by individuals with mental health and addictions issues can extend beyond the health care system and require cross-sectoral partnerships to address them.

Information Management

We have a vision of a system that leverages information management to link health service providers, better manage patient / client care, enhance decision making, and empowers individuals to self-manage chronic illnesses.

IHSP Priority Description

LHIN-wide information integration is essential to improving the patient experience, connecting providers and improving communications, in order to support decision making, reduce errors, and support patient self-management of chronic illnesses.

Current Status:

- Central West eHealth and Physician eHealth strategies continue to be implemented by our eHealth team, which consists of a dedicated eHealth Program Manager and shared Regional Chief Information Officer, Project Management Office (PMO) Lead and Project Office Coordinator.
- Working with the LHIN's stakeholders, which include 53 Health service providers and over 250 primary care providers, the eHealth team is responsible for the planning and execution of regional and eHealth initiatives. A recent update to the LHIN web site to support eHealth updates supports our stakeholder engagement efforts.
- Over the past year, the team has been focused on the implementation of Community Care Information Management solutions, which include common patient assessment records and enhanced business systems for the Community and Mental Health and Addictions sectors.
- Increasing the adoption of Physician Electronic Medical Record systems within the LHIN continues to be a key focus. The eHealth team is working closely with the Ontario MD as it executes its EMR adoption program across the province.
- The Central West LHIN is one of 3 LHINs leading the provincial privacy project, which will deliver a standard privacy tool kit and support our regional privacy model.
- The eHealth PMO continues to evolve and this quarter has implemented an enterprise Project Portfolio Management (PPM) tool (Eclipse) to facilitate improved project planning and tracking. Initiatives that identify efficiencies through the consolidation of services and the introduction of technology that improves the delivery of care are also under way.
- Delivery of all foundational components to support provincial eHealth initiatives, such as the Diabetes Registry, is in progress and will continue throughout the next several months.

Foundational Components

- **Regional Governance**: A governance structure for the implementation of provincial eHealth products is in place. The structure includes the LHIN's board of directors, the LHIN executive team as well as health care providers, including those working in primary care. Governance also includes clear expectations, accountabilities and measurement in support of eHealth initiatives.

- **eHealth Project Management**: The Project Management Office is in place. Necessary resources, processes and toolkits in support of PMO are compatible with eHealth requirements.

- **Privacy and Security**: Establish a LHIN privacy program that supports efficient delivery of eHealth solutions by providing privacy tools and processes that align with local, provincial and federal legislation. There is full regional understanding of the Privacy/Security and Support issues associated with implementation of eHealth Solutions.

- **Technology to Support our User Community**: Continued integration of health information systems and back office solutions to support ease of access and increased efficiency. Continued enhancement of timely primary care provider access to health information. This includes expansion of the regional clinical portals, patient report integration with physician EMR's and integration with provincial eHealth solutions, such as the Diabetes Registry. Improved access to and support of self-management for patients with chronic diseases will be supported through technology. The development of a patient portal for secured communication between patients and physicians is the objective.

- **Communications and Stakeholder Engagement**: Communication and Stakeholder Management Plan has been developed and documented. The goal is to ensure the features and capabilities of eHealth solutions are fully understood by the LHIN and key players across the Region. Support the development of a Physician Engagement Strategy to support the implementation and adoption of eHealth initiatives.

- **Adoption and Sustainability**: Adoption and sustainability collaboratively defined with eHealth Ontario. Supporting metrics and measurement plans developed.

- **Regional Technology Capacity**: Prevalence of IT and EMR use in primary care settings across the region. Focus on achieving Ontario MD target adoption of 65% by 2012. Ensure the necessary infrastructure to support the solutions is available within the LHIN. Data center, network, internet access, privacy, security, etc., meets eHealth Ontario standards at all Health service provider organizations.

- The key Information Management focus for 2011/2012 will be ensuring the Central West LHIN care providers and technology are in place to support eHealth solutions. These solutions will enable the achievement of all strategic objectives, improve information sharing and support the management and prevention of chronic diseases.

- Working with our delivery partners at eHealth Ontario, Cancer Care Ontario, Ontario MD and Community Care Information Management (CCIM), the Central West LHIN is planning to focus on the implementation of the following initiatives:
  - Diabetes Registry
  - Wait Times – Resource Matching and Referral – Phase II
  - Medication Management
  - GTA West Diagnostic Imaging Repository
  - Connecting GTA, including the Provider Portal and Health Information Access Layer (HIAL)
  - Community Care Information Management (CCIM) Program initiatives
  - Continuation of the Ontario MD Physician Electronic Medical Record Adoption Program

Goals

- Provide the infrastructure and enablers required for the achievement and integration of all strategic initiatives.
- Improve information sharing within communities and across the continuum of care.
- Improve the management and prevention of chronic diseases.

Consistency with Government Priorities

The Central West LHIN has recently developed its eHealth Strategy to address the evolution of eHealth in Ontario. The Ministry of Health and Long-Term Care has made a commitment to implementing the Diabetes Registry and Electronic Health Record across the province. The LHINs will drive the implementation of these priorities by leveraging existing assets and capabilities. Participation in the Connect GTA Project and other projects offer significant partnering opportunities for health service providers. In addition, innovative eHealth solutions must be found to support integration of information in and across community agencies.

Action Plans / Interventions	2011/12	2012/13	2013/14
Create a Regional Privacy Model.	100%		
Implement a Community Services Provider (CSP) Portal.	100%		
Implement the Community Care Information Management (CCIM) initiatives.	50%	50%	
Implement physician electronic medical records (EMR) and hospital EMR following the provincial model.	25%	25%	25%
Diabetes Registry.	25%	50%	25%
Wait Times Resource Matching and Referral – Phase II.	50%	50%	
Medication Management.	25%	25%	25%
GTA West Diagnostic Imaging Repository.	100%		
Connecting GTA - Provider Portal and Health Information Access Layer (HIAL).	50%	25%	25%
Continuation of the Ontario MD physician Electronic Medical Record Adoption Program.	30%	35%	35%

Expected Impacts of Key Action Items

- Improve sharing and access of information across LHIN health care providers.
- Increase implementation and adoption of electronic medical records by Primary Care providers. Currently the target set by Ontario MD is 65% provincial adoption by 2012.
- Improve ability to drive results through availability and transparency of reporting through the LHIN-wide adoption of Physician Report Manager and access to patient and provider portals.
- Improve access to integrated diabetes services through the implementation of the Diabetes Registry, which is accessible to patients and care providers within the LHIN.
- Improve access to information required for patient referrals will be realized through the implementation and adoption of the Community Sector Portal (CSP), and completion of phase 2 of the Resource Matching and referral project. CSP connects all 82 community-based service providers across 2 LHINs (Central West and Mississauga Halton).
- Optimize IT/IS/IM investments by organizing and leveraging existing assets through the adoption of opportunities identified in business cases, which reduce cost and improve ease of access.
- Once completed and operationalized, the foundational outcomes identified above will ensure the LHIN's ability to successfully adopt eHealth solutions.

Risks/Barriers to Successful Implementation

- Limited capacity in some health service providers to participate fully in eHealth initiatives.
- Ability to effectively engage stakeholders to support implementation and adoption of initiatives.

Aboriginal Health

We have a vision of Aboriginal health services that are built on what we have heard from our Aboriginal community about traditional and holistic views of health.

IHSP Priority Description

Aboriginal engagement is guided by the Local Health System Integration Act (2006), advising the LHINs to focus on meeting the needs and priorities of the Aboriginal peoples and communities in the area and to respond to health care service delivery issues affecting the Aboriginal peoples.

Current Status

- There is a smaller Aboriginal population in the Central West LHIN (0.6%) compared to the province (2.0%). There are no Aboriginal reserves within the LHIN. The Aboriginal community has stated that Census statistics under-report the true number of First Nations, Inuit, and Métis residents living in a community. The number of Aboriginal residents in the Central West LHIN is 5,890 (Census, 2006).

- Based on Statistics Canada and the Aboriginal Peoples Survey 2006, there were some relatively large health disparities in the Aboriginal community across the country. More Aboriginal than non-Aboriginal adults reported daily smoking (29% vs. 11%), arthritis/rheumatism (20% vs.14%), asthma (15% vs. 7%), and diabetes (9% vs. 4%).

- Members of the Aboriginal community currently seek health and social services through main stream providers or travel to Toronto to seek culturally sensitive services through Anishnawbe Health.

- The Central West LHIN co-sponsored with the GTA Aboriginal Health Leads to host the "Strengthening The Circle: Building an Aboriginal Knowledge Network." The LHIN is developing the opportunity to create a new knowledge network to share knowledge, research and data on urban Aboriginal peoples to enable health planning in a respectful way that fosters the growth of mutually reciprocal relationships between the 5 Greater Toronto Area (GTA) LHINs and the GTA urban Aboriginal communities.

- The Central West LHIN partnered with Mississauga Halton LHIN to conduct an Aboriginal health needs assessment for the Aboriginal community living within both LHINs. The following findings were reported:
    - There was an obvious need for more attention to health practices (smoking), pre-conditions (housing), long-term health conditions, more clients seeking care for those long-term conditions, and easier access to mainstream providers.
    - There was an equally important need for access to cultural health care options.
    - Mainstream providers acknowledged that they lacked depth of experience as well as understandings of First Nation, Métis and Inuit ways of knowing and communicating.

- Based on the findings and subsequent recommendations from the needs assessment, the Central West LHIN will work in partnership with the Mississauga LHIN and the steering committee to address opportunities related to the following:

- Providing health education and health promotion opportunities to specifically address non-traditional tobacco use, high rates of arthritis/rheumatism, asthma, high blood pressure and diabetes, and to inform Aboriginal residents about the benefits of consulting health care providers about those and other long-term conditions.
- Assisting the community in adequately navigating mainstream services, and locating appropriate cultural and alternative health care providers.
- Informing local health and social service providers about Aboriginal culture, demographics, health needs, through existing community engagement and diversity committees to help them provide better client-centered care for First Nations, Métis and Inuit clients.

Goals

- Address issues of access to culturally-sensitive and culturally-appropriate health care programs and services affecting Aboriginal peoples.
- Improve the levels of trust and communication with the Aboriginal community.

Consistency with Government Priorities

In keeping with Ontario's Aboriginal Health and Wellness Strategy, the LHIN will identify needs and gaps in services and health for the local Aboriginal community and it will work to improve access to health services that address the unique needs of the Aboriginal community. Planning for the local needs of Aboriginal communities will build upon work being done at the provincial level, including the development of the Aboriginal and First Nations Health Council, the provincial Aboriginal Wellness Strategy, and the Aboriginal Diabetes Strategy.

Action Plans / Interventions	2011/12	2012/13	2013/14
Implement Aboriginal cultural awareness and sensitivity training modules for the LHIN and its service provider organizations.	25%	25%	25%
Build capacity for reporting on the health of the Aboriginal community.	25%	25%	25%
Evaluate the opportunity for supporting the development of a formal Aboriginal Health Action Group based on the LHIN's Core Action Group model.	75%	25%	
Based on the key learnings from the Aboriginal Health Needs Assessment, determine opportunities to address and build capacity within the community.	50%	50%	

Expected Impacts of Key Action Items

- Increase number of community engagement events with the Aboriginal community.
- Increase reported access by members of the Aboriginal community within the Central West LHIN to services developed to meet their specific needs.

Risks/Barriers to Successful Implementation

- Working on improving the relationships with the Aboriginal community to build positive relationships through the delivery of tangible outcomes.

French Language Services

We have a vision that members of the Francophone community have access to an array of health services in French.

IHSP Priority Description

Three cities within the Central West LHIN have been designated under the French Languages Services Act: Brampton, Mississauga (Malton) and Toronto (Rexdale). The Central West LHIN is committed to meeting its obligations under the Local Health System Integration Act (LHSIA) and the French Language Services Act (FLSA) by connecting with members of the local francophone population to ensure their input into the development of health services that meet their needs. The Central West LHIN is anticipating working closely with the French Language Health Planning Entities to improve engagement with the local francophone community and planning for French language health services.

Current Status

- According to the Ministry of Health and Long-Term Care, based on the new Inclusive Definition of Francophone (IDF), there are approximately 16,135 Francophones residing in the Central West LHIN. The IDF includes not only individuals for whom French is the mother tongue, but also those whose mother tongue is neither English nor French, but for whom French is a language spoken at home and those whose first Official Language in Canada is French.

- The recent socio-demographic profile commissioned by the Central West LHIN, based on 2006 Census data, found that the Francophone community (within the city of Brampton specifically) contains two distinct sub-groups:

    - Francophones (French-speaking) form approximately 57% of the Francophone population and are characterized by having French as a mother tongue, being mainly 3rd generation Canadian or older from Ontario, Quebec or elsewhere in Canada (with a significant black minority), speaking French in the home, and being mainly older (40-65 years, median 44.2).

    - Francophones (French- and English-speaking) are characterized by having neither English nor French as a mother tongue, being 1st generation Canadian born outside of Canada and recently immigrated, being mainly of South-Asian or Indian background, being of visible minority (50.6%), speaking a non-Official Language in the home, and being mainly younger (15-24 years, median 20.5).

- A 2009 study by Bouchard et al., found that members of Francophone minority communities in Ontario had poorer health, more unhealthy habits, more health conditions and more unmet health needs their English-speaking majority group counterparts.

- Studies have shown that language barriers reduce the use of preventative services, increase the amount of time spent in consultation, testing, diagnosis and treatment, and decrease the probability of compliance with treatment due to lack of understanding. Linguistic barriers also reduce access to health services, as well as negatively impact the quality of these services, the communication and rapport between patient and provider, patients' rights, patient and provider satisfaction, and treatment results.

- Offering French language health services is therefore not simply a question of meeting legislative obligations, but about improving population health, and ensuring good patient relations and customer service.

- The Central West LHIN hired a French Language Services Coordinator in June 2010 to improve engagement with the Francophone community, to plan for French language health services, and to ensure the LHIN is compliant with the French Language Services Act in terms of service and communications.

- The Central West LHIN supported the Francophone community and William Osler Health System to undertake francophone community engagement initiatives, including:
    - *Le Lien français*, an event aiming to link Francophone families to French language services in the Peel region.
    - A meeting with the Francophone community to increase visibility of the LHIN's identified health service providers and other LHIN-funded programs being offered in French, organized in collaboration with the Mississauga Halton LHIN and hosted by the Centre de services de santé Peel et Halton Inc. (CSSPH).
    - A series of workshops on improving mental and physical health hosted by the CSSPH.
    - The French Language Services Public Forum hosted by William Osler Health System.

- The Central West LHIN funded the Centre de services de santé Peel et Halton Inc. to gather data about the local Francophone population for the purposes of service planning. This sociodemographic profile focuses on the determinants of health.

- The Central West LHIN and the Mississauga Halton LHIN, in collaboration with the Centre de services de santé Peel et Halton Inc., designed, developed and implemented a comprehensive questionnaire (paper format and online through Survey Monkey) focusing on the experience of Francophones in the health care system as well as their current and future needs in terms of French language health services. The survey covers the LHINs' priority areas.

- The Central West LHIN is working closely with its 3 "identified" health service providers to monitor the implementation of their French Language Services Identification Plans: the Canadian Mental Health Association - Peel, the Central West Community Care Access Centre and Supportive Housing in Peel.

- William Osler Health System hired a French Language Services Coordinator and developed a French Language Services Implementation Plan.

- Bramalea Community Health Centre hired a Francophone Health Promoter to organize activities and services for French-speaking seniors, through Aging at Home funding.

- The TeleCheck safety check-in and reassurance phone call program for seniors is being expanded into French, through Aging at Home funding.

- The LHIN facilitated communication and collaboration between identified health service providers, other funded programs being offered in French, and the community, resulting in increased participation in the planning and delivery of community engagement and research initiatives benefitting the Francophone community.

- The LHIN formalized its existing meetings with health service providers developing services in French by developing the terms of reference for a FLS Core Action Group. The FLS CAG will continue to collaborate in the development and integration of health services in French in the LHIN.

Goals

- Work with "identified" and funded agencies to meet the requirements of the Local Health System Integration Act and the French Language Services Act.
- Engage and build a positive relationship with the local Francophone community in order to improve the access, accessibility and integration of local French language health services.

Consistency with Government Priorities

It is the task of Ontario's 14 local health integration networks (LHINs) to work with the Ontario Government, local health service providers, community agencies, residents and others to ensure a well-coordinated system of health services. This includes the provision of health services in French, as set out in the French Language Services Act (FLSA) and the Local Health System Integration Act (LHSIA). Together with the Mississauga Halton LHIN and the Toronto Central LHIN, the Central West LHIN will develop an agreement with the new, recently announced French Language Health Planning Entity.

Action Plans / Interventions	2011/12	2012/13	2013/14
Enter into an agreement with the newly identified French Language Health Planning Entity.	100%		
Engage with the French Language Health Planning Entity to develop strategies to improve the access, accessibility and integration of French language health services.	50%	25%	25%
Ensure identified health service providers comply with the French Language Services Act by supporting them in developing French Language Services Implementation Plans and monitoring the development of their plans over the coming year.	100%		
Improve the sustainability of French language services funded through non-identified health service providers.	50%	25%	25%
Develop performance indicators based on direction at the provincial level, pending clarification of the roles and responsibilities of the Ministry, the LHINs, and the French Language Health Planning Entity.	33%	33%	33%

Expected Impacts of Key Action Items

- Increase number of engagements with local Francophone community through the French Language Health Planning Entity and the FLS Coordinator.
- Increase number of identified agencies and services/programs actively offered in French within the Central West LHIN from 3 to 4.

Risks/Barriers to Successful Implementation

- Time required for the French Language Health Planning Entity to become fully operational.
- Challenges to recruit and retain Francophone or bilingual health care practitioners and to develop an active offer of FLS.

Primary Health Care

We have a vision of expanded team-based primary health care that is there for all residents, is built upon the needs of the LHIN's diverse communities, is connected through information technology, and is linked to community and acute care services, emergency department volumes and wait times.

IHSP Priority Description

Primary health care is the appropriate first point of contact for health services in an integrated model of care. A well-developed, strong primary health care system is foundational to health system transformation as it will have a positive impact on improving access and quality of care, enhancing the patient's experience, and reducing emergency department volumes and wait times.

Current Status

- According to the Primary Care Access Survey conducted by the Ministry of Health and Long-Term Care (MOHLTC), the proportion of Central West LHIN residents over 16 years of age who report that they have family doctors was 93.5% in Q2 2010, which is slightly higher than the provincial rate of 93.1% in Q2 2010.
- The LHIN had a higher proportion of residents using walk-in clinics than in the rest of Ontario.
- A significant proportion of Central West LHIN residents are receiving primary care services in neighbouring LHINs.
- Two satellite locations with Rexdale Community Health Centre have been approved for interim site locations. Services at a temporary site location will be phased in over 30 months while construction of a permanent location takes place during 2010/11 and 2011/12 during the 30 month permanent site construction process. A third satellite with Bramalea Community Health Centre is finalizing interim funding and interim site location process. This is being negotiated with Primary Health Branch of MOHLTC.
- Currently the Central West LHIN has a complement of 7 Family Health Teams. Through Wave 5 applications in August 2010, approval for two additional Family Health Teams was achieved. Currently, 4 Family Health Teams are fully operational and the remaining 3 are at various stages of development.
- The LHIN has developed a physician engagement strategy and engages local physician groups, individual physicians, the Ontario Medical Association, and Ontario College of Physicians and Surgeons for input on LHIN initiatives.
- The Central West LHIN held community consultations regarding the development of primary care services in the communities of Shelburne and Bolton. These consultations have led to the development of an implementation plan for a Health and Care Centre in each community.
- Currently, the Central West LHIN and the Mississauga Halton participate in the Central West Family Medicine and Public Health Network comprised of primary care practitioners. The Network aims to improve awareness and communication about primary care related issues.

Goals

- Support the provincial government's priority to increase local access to primary health care services through family physicians and other primary health care providers.
- Develop models of primary health care that meet the needs of local communities.
- Increase the use of inter-professional collaborations to assist residents' access to primary health care.

Consistency with Government Priorities

The Ministry of Health and Long Term Care continues to improve access to family health care and reduce the number of Ontarians who do not have a family physician. A key part of this strategy is the creation of 30 more new Family Health Teams (FHTs). Within the Central West LHIN, two FHTs were announced: Brampton East FHT and Queen Square Doctors FHT. There are currently 170 teams in development and implementation across the province. It is expected that once all 200 teams are operational, they will provide access to primary care for more than three million Ontarians. Ontario has also announced 25 Nurse Practitioner-Led Clinics which are expected to care for more than 40,000 people.

Action Plans / Interventions	2011/12	2012/13	2013/14
Establish the Bolton Health and Care Centre.	100%		
Work in partnership with the Bolton Health and Care Centre to ensure continuous and sustainable development is realized.	25%	25%	25%
Establish the Shelburne Health and Care Centre.	100%		
Work in partnership with the Shelburne Health and Care Centre to ensure continuous and sustainable development is realized.	25%	25%	25%

Expected Impacts of Key Action Items

- Increase number of formal linkages and partnerships among health service providers through the creation of Health and Care Centres in Bolton and Shelburne, which will facilitate the creation of a local, integrated system of care that will reduce the number of emergency visits for non-urgent care at local hospitals.
- Increase number of Central West LHIN residents with access to a primary care physician, improving from the current rate of 94% of residents over 16 of age within the Central West LHIN.
- Increase percentage of registered patients referred to a family physician through Health Care Connects from the current rate of 58%.
- Reduce number of unattached patients, named through Health Care Connect data.

Risks/Barriers to Successful Implementation

- Population growth appears to be increasing pressures on the availability of access to local family physicians for residents of the LHIN.
- Primary health care practitioners have direct accountability to the Ministry of Health and Long-Term Care. The Central West LHIN will work with the MOHLTC and primary care providers to improve access to primary care. The eHealth infrastructure that will improve client-based information availability and management is in the process of being built.
- The development of Health and Care Centres is dependent on the selection of a suitable "host" organization and the engagement of local physicians.

Integrated Regional Programs

We have a vision of comprehensive, integrated LHIN-wide programs that create a critical mass of high quality treatment and care across the continuum to meet local needs as close to home as possible.

IHSP Priority Description

The Central West LHIN will work with health service providers to implement fully integrated services across the continuum of care for specific populations and for individuals with particular diseases. The LHIN will focus on ensuring appropriate services are available to LHIN residents thereby improving our localization index.

Current Status

- The regional programs the Central West LHIN will focus on include:
  - Cancer
  - Cardiovascular
  - Musculoskeletal
  - Palliative Care
  - Rehabilitation
  - Services for Seniors
  - Services for Women and Children
- The current status of each of these programs will be outlined on the following pages.

Goals

- Implement fully integrated services across the continuum of care.
- Support self-management of particular diseases through the implementation of education programs focusing on prevention.
- Develop services that respond to the specific needs of our ethno-cultural communities.

Consistency with Government Priorities

A focus on this priority will ensure reductions in wait times for provincial priority areas: cancer, hip, knees, magnetic resonance imaging (MRI) and X-ray computed tomography (CT), as well as improved local access to integrated regional program services (improved localization index across service areas). By integrating regional programs, the LHIN will ensure a seamless continuum of care to improve patient satisfaction, reduce time in alternate level of care (ALC) beds and subsequently improve ER wait times.

Action Plans / Interventions	2011/12	2012/13	2013/14
Actions and interventions specific to these regional programs are detailed in the following pages.			

Expected Impacts of Key Action Items

- Wait times in provincial priority areas will meet provincial targets (ER, hips, knees, MRI and CT).
- Increase local utilization (localization index) for each integrated regional programs.
- ALC days will meet Ministry-LHIN Performance Accountability (MLPA) and provincial targets.

Risks/Barriers to Successful Implementation

- Population growth and aging are increasing pressures on already limited resources.
- Need for culturally-appropriate services and program delivery.
- Geographic distribution of services to meet urban and rural needs.
- Hospital capacity will determine the success of regional program integration.
- Challenges related to recruiting and retaining health human resources.
- Service expansion to satisfy local needs is contingent on funding to open additional beds at Brampton Civic Hospital.

Integrated Regional Services:
Cancer

We have a vision of a local regional cancer program that addresses the needs of the local community by developing core cancer services within local health service providers. The integrated regional cancer program will establish both screening and treatment at sites across the LHIN.

IHSP Priority Description

Cancer services in the Central West LHIN include prevention, health promotion and interventions that cross the full spectrum of diagnostic modalities and medical and surgical oncology, excluding radiation. The Central West LHIN will work with health service providers to improve accessibility to cancer services that are located closer to home.

Current Status

- The two hospitals in the Central West LHIN, Headwaters Health Care Centre and William Osler Health System, provide a range of cancer services, including prevention, health promotion and interventions that cross the full spectrum of diagnostic modalities and medical and surgical oncology, excluding radiation.
- Cancer patients requiring radiation treatment seek care at the Peel Regional Cancer Centre at Credit Valley Hospital, which is in the Mississauga Halton LHIN.
- Historically and currently, rates of cancer screening have been relatively low compared to the provincial averages. Rates for Pap tests have improved from 66.9% to 68.3% and mammograms have improved from 57.8% to 60.3%. However these rates are lower than the provincial rates.
- In Q4 2010/11, the wait time for cancer surgery was 59 days, which met the provincial performance target of 84 days, however did not meet the LHIN's performance target of 57 days.
- A regional cancer lead has been appointed by Cancer Care Ontario (CCO). The lead has been given the mandate to coordinate cancer services in the Central West LHIN.
- The community health centres in the Central West LHIN have targets in their accountability agreements with the LHIN to improve cancer screening rates. Second quarter 2010/11 reporting demonstrates that community health centres are achieving these targets.

Goals

- Reduce the impact of cancer through effective screening and early detection.
- Improve access to accurate diagnosis and safe, high-quality care.
- Reduce cancer surgery wait times.
- Improve the patient experience along every step of the caner journey.

Consistency with Government Priorities

The LHIN's goals and action items are in alignment with the Ontario Cancer Plan 2011-2015 recently announced by Cancer Care Ontario (CCO), the provincial government's cancer advisor. The Central West LHIN will work closely with the Regional Vice President of the local regional program to ensure a collaborative approach to improving accessibility to quality cancer services.

Action Plans / Interventions	2011/12	2012/13	2013/14
William Osler Health System will take on the leadership role in the provision of regional cancer programming.	100%		
Expand the mix and complexity of services across the spectrum of cancer care for LHIN residents.	25%	25%	25%
Increase the visibility of regional cancer system performance scorecards.	50%	50%	
Establish approaches to cancer screening that are culturally appropriate.	25%	50%	25%

Expected Impacts of Key Action Items

- Increase local utilization rate (localization index) for cancer services.
- Increase cancer screening rates (mammography, Pap screens, and colonoscopies).
- Expand inventory of local cancer services.
- Achieve provincial and LHIN targets for the 90th percentile wait times for cancer surgery.

Risks/Barriers to Successful Implementation

- Population growth and aging are increasing pressures on already limited resources.
- Need for educational programs and cancer screening programs targeting specific ethno-cultural groups in order to improve cancer screening awareness and rates within the LHIN.
- Capacity to recruit and retain health human resources.
- Data reporting for cancer wait times is amalgamated with the Mississauga Halton LHIN, making it challenging to analyze the wait times data specific to the Central West LHIN. The eHealth infrastructure that will improve client-based information availability and management is in the process of being built.

Integrated Regional Services: Cardiovascular

We have a vision for a regional cardiovascular program that will be built from the ground up to meet the needs of local residents, with particular attention to the South Asian population.

IHSP Priority Description

Although the demand for cardiovascular services is high, the Central West LHIN currently does not provide the full breadth of services to meet this demand (e.g., angioplasty and cardiac bypass surgery). The development of services locally will be a focus for the coming three years with William Osler Health System playing the important role of advancing cardiovascular services locally. As with diabetes, the ethno-culturally diverse population in the Central West LHIN appears to have a high incidence of cardiovascular disease.

Current Status

- The local utilization (localization index) for cardiovascular services in the Central West LHIN is 59.5%. The development of local services will continue to be a focus.
- In the Central West LHIN, William Osler Health System provides tertiary level cardiovascular services.
- Osler is an important provider of cardiovascular services in the Central West LHIN, treating patients most often for the following conditions:
  - Congestive heart failure
  - Myocardial Infarction / Shock / Arrest
  - Arrhythmias
  - Angina (except unstable) / chest pain.
- The volume of diagnostic cardiac catheterization increased 169% from 2007/2008 to 1,406 cases in 2008/09. Hospitalization rates for acute myocardial infarction at Osler are higher than the provincial average. There were almost 4,000 cardiac related admissions at Osler in 2008/09.
- Central West LHIN residents access the full breadth of services (e.g. angioplasty and cardiac bypass surgery) in neighbouring LHINs to meet their needs. St. Michael's Hospital, Trillium Health Centre, University Health Network and the Hospital for Sick Children received the majority of the transfers from the Central West LHIN. Osler is in the process of strengthening partnerships with these organizations in order to better meet increased service needs.
- The Health System Plan indicates the need for one of the hospital sites in the Central West LHIN to pursue designation as a cardiac centre, expanding its scope of service from diagnostic cardiac catheterizations to include heart function clinics, and angioplasty.
- William Osler Health System is taking the leadership role to implement a local Percutaneous Coronary Intervention program awaiting approval from the Ministry of Health and Long-Term Care to its submission to take on this service.

Goals

- Improve access to cardiovascular services for local residents.
- Improve access to cardiovascular services closer to home.
- Improve patient outcomes and quality of life.
- Improve patient satisfaction.
- Improve Emergency Department performance for cardiac patients.
- Enhance primary and secondary prevention and management.

Consistency with Government Priorities

Over the next three years, cardiovascular services will be enhanced through the development of new and enhanced programs and services, the adoption of evidence-based practice and clinical pathways and the development of Osler's leadership role

Action Plans / Interventions	2011/12	2012/13	2013/14
Create a strategy to build a comprehensive system of cardiovascular services within the Central West LHIN.	100%		
Increase the activity and volume in the CHARM clinic (Prevention Clinic).	100%		
Implement a local Percutaneous Coronary Intervention (PCI) program.	25%	25%	50%
Develop a district stroke program.	100%		

Expected Impacts of Key Action Items

- Increase local utilization for cardiovascular services.
- Increase inventory of local cardiovascular services.
- Decrease length of stay for cardiac patients.

Risks/Barriers to Successful Implementation

- Population growth and aging are increasing pressures on already limited resources.
- Need for culturally-appropriate services and program delivery.
- Hospital capacity will determine the success of regional program integration.
- Challenges related to recruiting and retaining health human resources. Service expansion to satisfy local needs is contingent on funding to open additional beds at Brampton Civic.

Integrated Regional Services: Musculoskeletal

We have a vision for a full spectrum of musculoskeletal services that is close to home and well-prepared to handle trauma and surgery.

IHSP Priority Description

Musculoskeletal refers to the full spectrum of care for bone, muscle, cartilage and tendons. The aging population will increase the need for hip and knee replacements as well as services associated with falls. Rehabilitation is an important component in the treatment of patients who have received surgery or who have been injured so that they can return to their level of functioning prior to receiving services.

Current Status

- Musculoskeletal services are provided at 2 hospitals located in the Central West LHIN.
- The localization index for Q1 and Q2 2010/11 for Central West LHIN patients requiring musculoskeletal services at tertiary care centres are:
  - Hip replacement: 55.4% up from 49.3% in 2009/10
  - Knee replacement: 52.0% down from 54.5% in 2009/10
  - Hip fractures: 77.5% up from 74.6% in 2009/10
- A significant amount of musculoskeletal care and the resulting rehabilitation is delivered to residents of Central West LHIN outside of the LHIN boundaries.
- The majority of the acute admissions for conditions which require rehabilitation fall into the musculoskeletal category, with "other orthopaedic" procedures being the most numerous.
- The aging population in the Central West LHIN will create high demand for hip and knee replacements.
- Wait times performance results for Q4 2010/11 (90 percentile):
  - Hip replacement is 176 days, which did not meet the LHIN's performance target of 156 days and the provincial target of 182 days.
  - Wait time for knee replacement is 190 days, which did not meet the LHIN's performance target of 161 days or the provincial target of 182 days.
- The 2 hospital corporations located in the Central West LHIN signed a Memorandum of Agreement (MOA) on the care of hip fractures. This agreement covers transfer protocols and repatriation arrangements.
- William Osler Health System has implemented the Ontario Bone and Joint Network Hip Fracture Model of Care. In Q1 and Q2 of 2010/11 the percentage of hip fracture patients who received their surgery within the recommended 48 hours was 73.98%, below the provincial average of 87.51%. This is an increase over the previous two quarters.
- The Rehabilitation Renewal Project will address the rehabilitation needs of patients receiving musculoskeletal procedures.
- The Central West LHIN hosts a Falls Prevention Working Group where various health service providers share their approaches to falls prevention.

Goals

- Meet wait time targets for hip and knee replacement surgeries.
- Meet the Orthopaedic Expert Panel goals for time to surgery for hip fractures.
- Reduce ALOS by using evidence-based rehabilitative care for orthopaedic patients.
- Reduce number of falls through prevention.

Consistency with Government Priorities

The goals are consistent with the Ontario Wait Time Strategy, and the Ontario Bone and Joint Network Care Pathways and Hip Fracture Protocols.

Action Plans / Interventions	2011/12	2012/13	2013/14
Establish a LHIN-wide integrated regional musculoskeletal program that crosses the spectrum of service based on best practices /clinical guidelines.	100%		
Implement action items from the Central West LHIN's Rehabilitation Renewal Project, that will improve health care related to musculoskeletal conditions will be completed (i.e. formalizing assessment processes and protocols to ensure appropriate, planned and timely transitions, promoting the adoption of standardized measurement tools, data sets and indicators).	60%	40%	
Implement a LHIN-wide falls prevention program linked with the Regional Geriatric Services.	100%		
Implement Ontario Bone and Joint Network Care Pathways for hip and knee replacements.	60%	40%	

Expected Impacts of Key Action Items

- Provincial and LHIN wait times targets will be achieved in the following priority areas:
  - 90th percentile wait times for hip replacement.
  - 90th percentile wait times for knee replacement.
- Increase local utilization (localization index) for musculoskeletal services.
- Reduce number of Alternate Level of Care (ALC) days related to musculoskeletal needs.
- The Bone and Joint Network's best practice guidelines for orthopaedic surgery will be adopted.

Risks/Barriers to Successful Implementation

- Population growth and aging are increasing pressures on already limited resources.
- Geographic distribution of surgical services to meet urban and rural needs. Hospital capacity will determine the success of regional program integration.
- Challenges related to recruiting and retaining health human resources. Uptake of evidence-based care pathways.

Integrated Regional Services:
Palliative Care

The Central West LHIN has a vision for a palliative care system that is respectful of individual and caregiver needs and preferences.

IHSP Priority Description

Everyone should be entitled to die in comfort and with dignity, in the place of their choosing with access to compassionate, quality and respectful care. There is a growing demand for palliative care services delivered in a hospice environment.

Current Status

- There are multiple palliative care providers in the LHIN including:
  - 3 dedicated palliative care case managers with the Central West CCAC who coordinate community care for palliative patients.
  - 2 hospice programs (Caledon and Dufferin).
  - 41 dedicated palliative care beds at the William Osler Health System (16 at the Etobicoke General site, 25 at the Brampton Civic site), and an additional 3 beds at Headwaters Health Care Centre supported by medical and nursing specialists.
  - Community-based support agencies, like Wellspring Halton-Peel.
  - A Palliative Care Pain and Symptom Management program.
  - A community and facility Palliative Care Interdisciplinary Education Program.
  - Palliative care services in long-term care homes.

- Bethell House, a new 10-bed residential hospice operated by Hospice Caledon, opened on April 16th, 2010.

- A significant number of Central West LHIN residents also access two neighbouring hospice services, namely Heart House in Mississauga and the Dorothy Ley Hospice in Etobicoke.

- The Central West Palliative Care Network, comprised of local palliative care service providers, meets regularly to coordinate efforts aimed at improving the development and delivery of palliative care services in the LHIN.

- In 2010, the Central West Palliative Care Network was successful in obtaining Aging At Home Year 3 funding to implement a Shared Care Model of Palliative Care. The Shared Care Model will introduce 3 Advanced Practical Nurses to coordinate resources and help patients and their families access and coordinate efforts of the required palliative care providers.

Goals

- Reduce average length of stay (ALOS) for inpatient palliative care patients.
- Reduce ER visits for palliative patients.
- Fully implement the Shared Care Model.

Consistency with Government Priorities

The Central West Palliative Care initiatives support the Ministry of Health and Long-Term Care's End of Life Strategy, announced in October 2005.

Action Plans / Interventions	2011/12	2012/13	2013/14
Build a robust, community-based system of palliative / end-of-life services to meet the needs of LHIN residents.	100%		
Through the Central West CCAC, the LHIN will implement and fund 2 residential hospices.	50%	50%	
Fully implement the Shared Care Model.	100%		

Expected Impacts of Key Action Items

- Reduce number of Alternate Level of Care (ALC) days associated with palliative care patients.
- Reduce number of ER visits by patients on the palliative care caseload.
- Increase use of palliative / end-of-life services by local residents and caregivers based on need and preference.
- Improvement in number of patients dying at their place of choice.

Risks/Barriers to Successful Implementation

- Population growth and aging are increasing pressures on already limited resources.
- Need for culturally-appropriate services and program delivery.
- Challenges related to recruiting and retaining health human resources.
- Recognition and adoption of palliative care practices by primary care.

Integrated Regional Services: Rehabilitation

We have a vision for a rehabilitation system that is coordinated, easy to navigate and that provides timely treatment aimed at returning people to their abilities prior to receiving treatment and care.

IHSP Priority Description

The goal of the Rehabilitation Framework Project is to create a patient-centred rehabilitation network that has a healthy living and wellness focus. The LHIN intends to enhance the focus on patient and family navigation across the continuum and develop exceptional handoff processes to eliminate transition breakdowns. Equally important is to reduce unnecessary practice variation through introduction of integrated, inter-professional practice models of care, which use evidence-informed care pathways. The LHIN intends to refocus care delivery to enhance thriving and to restore and maintain optimal function, rather than see patients directed to Rehabilitation and Complex Continuing Care (CCC) as treatment and care destinations.

Current Status

- General inpatient rehabilitation in Central West LHIN is delivered in 32 designated rehabilitation beds located at Brampton Civic of William Osler Health System. Etobicoke General of William Osler Health System offers 30 Complex Continuing Care beds with an additional 57 Complex Continuing Care beds at BCH. Headwaters Health Care Centre operates 13 Complex Continuing Care beds in Orangeville.

- In 2009/10, there were 63,990 discharges from acute care facilities for Central West LHIN residents. Of this total, 1,927 or 3% were discharged to rehabilitation or Complex Continuing Care settings.

- Central West LHIN residents receive their rehabilitation in multiple locations many of which are not within the LHIN boundaries. In 2009/10, 45% of Central West LHIN residents received their general and special rehabilitation care from Central West LHIN facilities.

- In contrast, 80% of Central West residents discharged to Complex Continuing Care settings were cared for within Central West LHIN hospitals.

  The study phase of the Rehabilitation Framework Project was completed in 2009/10, culminating in the "Smoother Transitions Better Outcomes Report". The action phase is underway and will continue into 2011/12 led by a Rehabilitation Leadership Team. This team has formed two working groups to guide the implementation of recently-endorsed best practices in hip fracture, total joint replacement, and stroke care.
- Increased funding for community-based health service providers for Acquired Brain Injury (ABI) services and established an ABI program in Orangeville.

- The Central West LHIN is in active discussions with surrounding LHINs with regards to mutual interests in rehabilitation services.

Goals

- Reduce ALC days for acute care patients waiting for rehabilitation or Complex Continuing Care (CCC) beds and for CCC and rehabilitation patients waiting for discharge.
- Define roles and responsibilities and an accountability framework for rehab and CCC among all health service providers.
- Define admission, discharge and transfer protocols for defined patient populations.
- Define metrics and benchmarks for defined patient populations.
- Implement care pathways for defined patient populations.
- Coordinate prevention programs and establish evaluation mechanisms.

Consistency with Government Priorities

The provincial ER/ALC Expert Panel has identified Rehabilitation and Complex Care as two areas in need of attention in order to improve patient flow throughout the system.

Action Plans / Interventions	2011/12	2012/13	2013/14
Establish a robust, LHIN-wide regional rehabilitation program based on best practices / clinical guidelines.	100%		
Evolve care within Central West LHIN organizations by: defining the role of rehabilitation at each step within the health care continuum, formalizing assessment processes and protocols to ensure appropriate, planned and timely transitions, and establishing a consistent intake and referral process.	60%	40%	
Improve care delivery and ease the transitions and continuity of care by streamlining the approach to finding a bed, support the resource matching and referral initiative and establishing a standardized inventory of rehab services available to local residents.	60%	40%	
Develop an accountability framework for rehabilitation in the Central Wets LHIN.	60%	40%	
Develop a true continuum of rehabilitative care, including prevention, acute care rehabilitation and longer term rehabilitation, including restorative / convalescent / transitional care and long-term care.	33%	33%	33%

Expected Impacts of Key Action Items

- Appropriate length of stay in rehabilitation and Complex Continuing Care (CCC) beds.
- Increase localization index for rehabilitation.
- Reduce Alternate Level of Care (ALC) numbers in rehabilitation and CCC beds.
- Increase number of rehabilitation patients cared for at home.
- Improve quality as measured by the Health Quality Ontario
- Improve care based on implementation of best practices.

Risks/Barriers to Successful Implementation

- Population growth and aging are increasing pressures on already limited resources.
- Need for culturally-appropriate services and program delivery.
- Concern about geographic distribution of rehabilitation services.
- Hospital capacity will determine the success of regional program integration.
- Capacity to recruit and retain health human resources.
- Adequate community-based rehabilitation capacity.

Integrated Regional Services:
Services for Seniors

We have a vision for a seniors-friendly health care system that is built on the needs of seniors and their caregivers, that is coordinated and easy to navigate, and that provides a broad range of quality and timely services across the continuum. This seniors-friendly system of services will maintain seniors' independence in the community and be close to home.

IHSP Priority Description

The Central West LHIN will bring together health service providers to assess the current capacity to meet the needs of seniors. We will continue to thoroughly investigate the use and capacity of community support services as the preferred alternative to hospital and long-term care home placement.

Current Status

- Although the current population of the Central West LHIN is relatively young, the number of older persons is projected to increase dramatically in the coming years. The seniors' population is expected to grow 54.3% by 2016 in Central West LHIN, the largest percentage growth amongst all of the LHINs.
- The Central West LHIN has the lowest median wait time to long-term care home placement among all the LHINs in the province.
- Aging At Home Year 2 resulted in 16 initiatives funded with an emphasis on reducing emergency room wait times and reducing the percentage of alternate level of care patients in hospitals (ER/ALC). These 16 initiatives served 475 new clients and 18,443 units of service were provided.
- The official announcement for the launch of Aging At Home Year 3 initiatives took place on August 31, 2010. A total of 15 new initiatives were announced that will provide service to 2,822 new clients with over 97,000 units of service.
- Initiatives for Aging At Home Year 3 include:
  - Expansion of the following programs: TeleCheck (into French), Bridging You Home, Adult Day Service (Supportive Housing in Peel, India Rainbow), Adult Day Program (Region of Peel – Peel Manor), and Home First (Central West CCAC)
  - Integrated Regional Transportation initiative
  - First Link Dementia Referral Program
  - Palliative Outreach Program (Central West CCAC)
  - Francophone Seniors Health Promotion (Bramalea CHC)
  - Treat At Home Integrated Psychogeriatric Response Team
  - Telemedicine / Nurse Practitioner (Region of Peel)
  - Rural Geriatric Outreach (Central West CCAC)
  - Seniors Occupational Therapy Support (Headwaters Health Centre)
  - Seniors Social Worker Support
  - Adult Day Program in Malton (Region of Peel)
- The Regional Geriatric Program has taken time to ramp up and is now progressing well.

- The Home First philosophy has been implemented and continues to be enhanced. The Geriatric Emergency Management nurse program is operational and inpatient geriatric consultations are moving forward at all 3 hospitals in the LHIN. The outpatient geriatric clinics have been increased to 3 times a week at William Osler Health System (WOHS) and the Outreach Team is making visits into the community.

- The Nurse Practitioner program continues in 15 of the 23 long-term care homes in the Central West LHIN.

- The Integrated Regional Transportation initiative, also known as Seniors Ride Connect, is now operational with a 1-800 number linked with transportation software, and marketing action plans have been implemented. The project is expected to deliver over 16,000 rides in its first year.

- The Falls Prevention sub-committee of the Services for Seniors Core Action Group has been established. The mandate of the committee is to develop a Falls Prevention framework for seniors in the LHIN that reflects provincial best practices and to identify opportunities to integrate programs and services in the LHIN.

- The Aging At Home projects of Year 1 and Year 2 were evaluated with recommendations being followed-up by the LHIN with health service providers.

- The Central West LHIN funded various Adult Day Services in 2009 and continued to enhance the following services, which have prove to be successful and cost-effective and have supported seniors in staying home longer with reduced social isolation:
    - Rexdale Community Health Centre was funded for ethno-specific programs and services as part of their adult day services.
    - India Rainbow was funded for adult day services for the Punjabi community in Brampton.
    - Region of Peel was funded for adult day services at Peel Manor and Davis Centre.

Goals

- The Central West LHIN aims to ensure health care services, both in the community and in hospitals, are "senior-friendly".
- Specific goals to achieve this desired future state are as follows:
    - Ensure the provision of health services that cater to ethno-culturally diverse communities.
    - Encourage new and innovative approaches to serving seniors' needs, including targeted programs for falls prevention.
    - Improve capacity and access to services for seniors, while providing services as close to home as possible.
    - Actively engage with seniors through education and feedback sessions.
    - Reduce the wait time for seniors in the hospital.
    - Increase the number of assisted living / supportive housing accommodations for seniors.
- Ensure transportation services are available to seniors.

Consistency with Government Priorities

The Ministry of Health and Long-Term Care supports services that provide seniors, their families and caregivers with an integrated continuum of community-based services to enable them to stay healthy and live more independently in their homes. This includes increasing the overall supply of services that support seniors to stay healthy and live safely at home with independence and dignity. The LHIN leverages change through the provincial Aging At Home Strategy, which encourages innovation and the development of new prevention and wellness services for seniors.

Action Plans / Interventions	2011/12	2012/13	2013/14
Implement Aging at Home initiatives to reduce ER wait times and the number of Alternative Level of Care days.	100%		
Implement an integrated Regional Geriatric Service across the LHIN.	100%		
Establish a Falls Prevention Framework across the Central West LHIN that is aligned with the provincial strategy, and embark on specific falls prevention actions such as assessments, falls clinics, and mobile clinics in the community.	50%	25%	25%
Enhance the LHIN-wide Integrated Regional Transportation initiative to improve transportation services for seniors to medical appointments and access to care.	100%		
Enhance Regional Geriatric Services in the LHIN and integrate services to obtain maximum value to support reduction in ER visits and hospitalizations.	50%	25%	25%
Review Adult Day Services and enhance quality of care for seniors' services.	50%	25%	25%
Participation in the provincial senior-friendly hospital strategy. Action plans will be developed and implemented for hospital improvement.	50%	25%	25%
Implementation of the Community Support Services (CSS) Common Assessment Tool (InterRAI-CHA) to be utilized by the CSS sector.	50%	50%	

Expected Impacts of Key Action Items

- Reduce hospital readmission rate for patients aged 75+.
- Increase number of highly complex, frail seniors receiving case management / care coordination in the community.
- The Central West LHIN's current position as having the shortest wait time to long-term care home placements from hospital and the community will be maintained. Wait times for 2009/10 was 47 days. The wait time for the second quarter of 2010/11 is 58 days.
- Improve access to services addressing the needs of the LHIN's diverse populations as well as the needs of the Francophone community.
- Increase community-based resources to support seniors to live in their own homes as long as possible.
- Increase number of outreach consultation team home visits.

Risks/Barriers to Successful Implementation

- Population growth and aging are increasing pressures on already limited resources.
- Need for culturally-appropriate services and program delivery.
- Concern about geographic distribution of services to meet urban and rural needs.
- Challenges related to recruiting and retaining health human resources.

Integrated Regional Services:
Women and Children's Services

The Central West LHIN has a vision for a system of women and children's care that is family-based, educates before birth, provides supports during delivery and infancy, promotes health promotion and prevention, is there for children as they grow, and meets the diverse needs of the ethno-cultural communities.

IHSP Priority Description

There are significant issues and needs for not only mothers and newborns, but more broadly for women and children. The Central West LHIN has broadened its previous integration priority from "Maternal and Child" services to "Women and Children's" health services. As a result, the LHIN is expanding the work to be undertaken with regards to women's health beyond the time of birth and antenatal care and support.

Current Status

- The Central West LHIN is home to the highest birth rate in the province. The crude birth rate is 13.8 per 1000 population. Women in the Central West LHIN have poor access to prenatal care. The rate of low birth weight among live newborns in 2009/10 was 8.4%, which is highest among 14 LHINs. The provincial average was 6.6% in 2009/10.

- The Central West LHIN recognizes the sizeable health inequities associated with gender, income, education and ethnicity. A number of local residents, particularly women, have a lower socio-economic position and experience much higher levels of chronic disease and disability than those who are more advantaged. These circumstances are negatively compounded by language and cultural barriers for women.

- William Osler Health System and Headwaters Health Care Centre are working together and have developed a service agreement.
    - Headwaters Health Care Centre is to serve as a Level 1 facility. This includes care for healthy mothers and their newborns of gestational age of 35 weeks gestation or older, 7 days a week, 24 hours a day, and/or neonates that are equal to or greater than 2kg.
    - Brampton Civic of the William Osler Health System is to provide Level 2 advanced services, which include medical and obstetrical conditions arising from pregnancies greater than or equal to 32 weeks gestation, 7 days a week, 24 hours a day. It also includes the availability of maternal intensive care (monitoring oxygen saturation, ECG, invasive monitoring), including provision of ventilation initial and ongoing care of stable newborns greater or equal to 32 weeks gestational age.
    - Policies around transfers and retro transfers have been developed so that patients are in the appropriate setting and receive the most appropriate care.
    - The two hospital corporations are collaborating on joint educational activities and policy development, and have established joint standards.

- The Central West LHIN established Brampton Civic as the Regional Perinatal and Children's Health Centre, and implemented 4 neo-natal intensive care (NICU) level II beds on site.

- The Breastfeeding subgroup has completed the development of an inventory list of breastfeeding services in the Central West LHIN. This list is being circulated to all providers in the community and hospitals in order to increase both awareness of breastfeeding practices and access to support for breastfeeding, as well as recommend policy changes.

- The Antenatal subgroup is currently reviewing the key elements of antenatal care. The Central West LHIN's approach to antenatal care emphasizes the quality of care rather than the quantity and will endeavour to ensure that care is accessible to the women in the Central West LHIN in order to promote normal, healthy pregnancies.

Goals

- Improve access to antenatal services for women, enhance education and promote breastfeeding practices.
- Improve capacity and access to obstetric services.
- Improve the quality of care and access to paediatric emergency services.
- Link existing services and providers with new and different approaches to create new models of care for promotion, prevention, support and rehabilitation care for women and children.
- Lead initiatives that will create awareness about childhood obesity and support lifestyle changes for children in the Central West LHIN.
- Lead the development of a Women's Health Strategy that cuts across all clinical priorities of the Central West LHIN, focusing on women with chronic diseases and women from the LHIN's diverse populations.

Consistency with Government Priorities

At the provincial level, the Ministry of Health and Long-Term Care has launched several strategies and established councils and committees to address the health issues of women and children. The Central West LHIN has aligned its priorities as an extension of this provincial focus and is represented on many of these provincial planning tables.

Action Plans / Interventions	2011/12	2012/13	2013/14
Establish implementation plans for integrated services for the identified clinical priorities of the Maternal Child Core Action Group (antenatal services, breastfeeding, obesity and speech and languages services).	75%	25%	
Conduct community engagement sessions with diverse women across the LHIN to determine high priority women's health needs.	100%		
Develop strategies and an action plan to improve the health status of women in the Central West LHIN.	75%	25%	
Move towards baby-friendly hospitals and implement appropriate policies to facilitate this action.	25%	25%	50%
Provide antenatal and perinatal leadership with the Central West partners in the development of community based antenatal care.	25%	25%	50%
Support the coordination of services that cross the continuum of care to women requiring healthcare services throughout the Central West LHIN.	50%	25%	25%

Expected Impacts of Key Action Items

- Reduce caesarean section rate from the current rate of 30.5%.
- Reduce percentage of low birth weight newborns from the current rate of 7.8%.
- Increased rate of self-reported breast-feeding by new mothers from the current rate of 89.6 %.
- Reduce rate of child injury hospitalizations. Improvement from the current rate of 318.7 per 100,000 population <= 19 years.
- Reduce rate of child and youth obesity from the current rate of 21.6% (self-reported youth ages 12-17 years).

Risks/Barriers to Successful Implementation

- High birth rate is increasing pressures on already limited resources.
- Need for culturally-appropriate services and program delivery.
- Concern about geographic distribution of services to meet urban and rural needs.
- Challenges related to recruiting and retaining health human resources.

Diversity and Equity

We have a vision for a health system that values ethno-cultural diversity and works to improve access for all residents of the Central West LHIN to culturally-competent health care services.

IHSP Priority Description

Health services need to promote health equity to all residents of the LHIN regardless of age, gender, ethnicity, socio-demographic characteristics, education, religion, language, sexual orientation, or any other factors. The rich ethno-cultural diversity in the Central West LHIN requires health services designed to be sensitive to language barriers, respect cultural beliefs, and be targeted to preventing and treating diseases that are frequently seen in these populations. The Central West LHIN is working in partnership with local health service providers to improve access to culturally-competent health care services and to actively reduce health disparities among the various population groups in the LHIN.

Current Status

- The Central West LHIN is one of the most ethnoculturally-diverse regions in Ontario, with 46% of the population identified as immigrants and over 50% as visible minorities. The percentage of recent immigrants in the Central West LHIN is 9.5%, substantially higher than the provincial percentage of 4.8%, and with higher percentages in the more urban communities of Malton (18.7%), Rexdale (14.2%) and Brampton (9.9%).

- Research clearly indicates that culture and ethnicity influence health in very real ways. Immigrants in general are more likely to report a shift to fair or poor health.

- The Central West LHIN established the Diversity and Equity Core Action Group, comprised of leaders / representatives from local health service provider organizations. The LHIN has been working with the Diversity and Equity Core Action Group to identify specific local strategies to promote culturally-competent health care services and ensure equitable access to patient care.

- The LHIN, in partnership with the Diversity and Equity Core Action Group, developed a Health Equity Environmental Scan Questionnaire with the expectation it be completed by health service providers by mid-2011. The questionnaire will assist HSPs to identify their own gaps in health equity and will be the premise in developing individual health equity plans. The cumulative results will form the basis of an environmental scan that will identify key gaps in health equity within the LHIN.

- The LHIN in partnership with other Greater Toronto Area (GTA) LHINs and the Ministry of Health and Long-Term Care is rolling out the Health Equity Impact Assessment Tool (HEIA). The HEIA is a flexible and practical assessment tool that can be used to identify potential health impacts (positive or negative) of a plan, policy or program on vulnerable or disadvantaged groups within the general population.

Goals

- Ensure health services are designed and delivered to be sensitive to language barriers, respect cultural beliefs, and targeted to prevent and treat diseases that are frequently seen in the region's ethno-cultural populations.
- Promote health equity to all residents of the LHIN, regardless of age, gender, ethnicity, socio-demographic characteristics, education, religion, language, sexual orientation, or any other factors.
- Partner with local health service providers to improve access to culturally competent health care services.

Consistency with Government Priorities

Culture and ethnicity influence health in real ways, including how people link with the health system, their access to health information, their lifestyle choices, their participation in health promotion and prevention, and their understanding of illness. The Central West LHIN is one of the most culturally-diverse regions in the province. Improving healthcare service delivery to the LHIN's diverse communities will help in achieving the provincial strategic directions of access and equity of access.

Action Plans / Interventions	2011/12	2012/13	2013/14
Pilot the Health Equity Impact Assessment tool across health service providers in the LHIN.	50%	50%	
Conduct Health Equity Environmental Scan for the Central West LHIN.	75%	25%	
All health service providers will develop a 3 to 5 year health equity plan.	25%	50%	25%
Develop an inventory of cultural competency resources for health service providers.	25%	50%	25%

Expected Impacts of Key Action Items

- By 2013/14, all health service providers will have a Health Equity Plan.
- By 2013/14, all health service providers will have been trained to use the Health Equity Impact Assessment Tool.
- Increase the number of providers that offer services that are culturally appropriate and linguistically accessible. Baseline will be determined by December 2011, once the Health Equity Environmental Scan is complete.
- Increase partnerships between "mainstream" providers with ethnocultural, community-based agencies.

Risks/Barriers to Successful Implementation

- Implementation of necessary action items relies on senior management buy-in at provider organizations.
- The need for health service providers to make the investments to address the diversity and equity issues of LHIN residents.

Health Human Resources

We have a vision of expanded inter-professional collaboration and education, which will contribute to increasing the number of health human resources in the LHIN that reflect the needs and diversity of the LHIN's communities.

IHSP Priority Description

Health human resources issues influence access to and utilization of all health care services. The high population growth in the Central West LHIN and the aging of the health human resources population are leading factors impacting access to health care services. The Central West LHIN aims to work with local providers and community to increase health human resources. It will also stress a strong focus on inter-professional collaboration to optimize health human resources.

Current Status

- According to the Primary Care Access Survey conducted by the Ministry of Health and Long-Term Care, the proportion of Central West LHIN residents over 16 years of age who report that they have family doctors was 93.5% in Q2 2010, which is slightly higher than the provincial rate of 93.1% in Q2 2010
- The current Ministry List of Areas Designated as Underserviced (LADU) for General/Family Practitioners indicates that the communities of Orangeville (includes the Township of East Garafraxa, the Town of Caledon, and the Township of East Luther Grand Valley) and Shelburne are underserviced.
- The Central West LHIN continues to support the Health Professional Advisory Committee which continuously reviews and monitors local human resource and clients/patient data. In addition the Committee is also discussing the adoption and implementation of the Interdisciplinary Care Model within the Central West LHIN.
- The Central West LHIN is working with a HealthForceOntario Partnership Coordinator to recruit physicians to the LHIN. Through the local HealthForceOntario Community Partnership Coordinator, the LHIN also has an understanding of the health human resource requirements of health service providers.
- The LHIN has developed a communication and community engagement strategy aimed at developing relationships with local physician groups, individual physicians, the Ontario Medical Association, and Ontario College of Physicians and Surgeons for input on LHIN initiatives.

Goals

- Increase health human resources so all residents can access healthcare services in the most appropriate, effective way.
- Ensure that providers of health care services are able to adapt to various environmental dynamics (i.e. population growth, different ethno-cultural communities).
- Build partnerships and create forums that will improve the recruitment of required health human resources.
- Develop opportunities for teaching programs for health care professionals, in the community and in hospitals.

Consistency with Government Priorities

The Central West LHIN will work closely with HealthForceOntario's Partnership Coordinator to ensure that the LHIN is advancing the province's strategy so that Ontarians have access to the right number and mix of qualified health care providers, now and in the future. By supporting the creation of a formalized recruitment committee for communities in our LHIN, being cognizant of various inter-professional care grant programs and encouraging the development of inter-professional collaborations in our communities, the LHIN will help the province meet its health human resource requirements.

Action Plans / Interventions	2011/12	2012/13	2013/14
Enhance education and inter-professional collaboration among health care providers by establishing the Central West LHIN Inter-professional Collaboration and Education Action Group.	75%	25%	
Continue to enhance education and inter-professional collaboration among health care providers by supporting education to Family Health Teams in the LHIN to improve access to care.	50%	50%	
Roll out and enhance inter-professional collaboration best practice inventory to all local health service providers.	50%	50%	
Require health service provider organizations (through accountability agreements) to develop a Health Human Resources plan.	50%	25%	25%

Expected Impacts of Key Action Items

- Monitor the number of Central West LHIN residents with a primary care physician, and increase the number of attached patients by 5% from the current rate of 94%.
- Increase percentage of registered patients referred to a family physician through Health Care Connects by 10% from the current rate of 58%.
- Increase number of health care professionals adapting inter-professional collaborations and working arrangements in clinical priority areas.

Risks/Barriers to Successful Implementation

- Aging labour force makes it challenging to retain our current health human resources.
- Meeting the demands of a population that is growing at a substantial rate and becoming increasingly diverse also needs to be considered.

Back Office Integration

The Central West LHIN has a vision of administrative and support services focused on effectiveness and efficiency by improving value, service quality, risk management, and business controls.

IHSP Priority Description

Back office integration initiatives focus on service improvements, the avoidance of additional future costs, the reduction of unnecessary duplication, and the application of savings for reinvestment in improved / expanded clinical and/or administrative services. Based on the review conducted in the LHIN to identify Back Office options and directions, the Central West LHIN has opportunities to improve risk management, service quality and business controls.

Current Status

- The Community Care Information Management (CCIM) program is working on the implementation of Human Resources Management Information System (HRIS/MIS) solutions across the community services sector and community mental health and addictions sectors, which will provide a consistent set of tools for all participating organizations.
- Discussions with the Central West CCAC and acute care facilities at the CEO and regional CIO level are underway to investigate IT solutions between these providers.
- Mental health and addictions service providers have implemented a common assessment tool and integrated assessment record.
- The Central West LHIN is implementing a Community Services Provider (CSP) Portal, which will facilitate communication and collaboration across the community sector agencies
- Community service providers are currently meeting with Shared Services West (SSW) to explore supply chain and contract opportunities. The goal of SSW is to provide optimum value and resources to its member agencies through innovative and progressive procure to pay leading practices and techniques.

Goals

- Promote shared resources and collaboration to produce uniform and consistent business processes among providers.
- Coordinate similar functions, activates and processes, such as HR resources, among smaller providers to promote collaboration.
- Establish a dedicated back office integration council/committee to promote coordination.
- Develop a comprehensive communication strategy and plan to engage all Central West LHIN stakeholders.

Consistency with Government Priorities

The Provincial government is promoting back- office integration through its OntarioBuys initiative. Sponsored by the Ministry of Finance, this initiative works with hospitals, school boards, colleges and universities to help them adopt integrated supply chain management best practices. The Central West LHIN has closely monitored the ongoing outcomes and results from OntarioBuys initiatives, in order to position actions and goals accordingly.

Action Plans / Interventions	2011/12	2012/13	2013/14
Through the LHIN's integration mandate, increase in the number of collaborations among health service providers that enhance capacity within back office function.	25%	25%	25%
Increase the number of providers that have joined a group purchasing organization.	33%	33%	33%
Establish a Back Office work group that aims to advise group purchasing organizations how to better serve the needs of the community health sector.	100%		

Expected Impacts of Key Action Items

- Establish foundation for standard financial, human resources, and client inter-organizational information systems will be established.
- Increase rates of membership or use of group purchasing initiatives by health service providers.

Risks/Barriers to Successful Implementation

- Health service providers have multiple sources of funding, making it difficult to administer centrally-coordinated sharing or collaboration initiatives.
- Health service providers utilize custom and/or proprietary back-office technology; adopting a common platform requires significant resources.

Staffing and Operations

Staffing					
Position Title	**2010/11 Allocation FTEs**	**2010/11 Actuals FTEs**	**2011/12 Forecast FTEs**	**2012/13 Forecast FTEs**	**2013/14 Forecast FTEs**
CEO	1	1	1	1	1
Senior Directors	2	2	2	2	2
Executive Assistant	1	1	1	1	1
Administrative Assistant	2	2	2	2	2
Senior Consultant, Planning, Integration and Community Engagement	2	2	2	2	2
Consultant, Planning, Integration and Community Engagement	2	2	2	2	2
Director of Communications	1	1	1	1	1
Senior Consultant, Performance Management	1	2	2	2	2
Consultant, Performance Management	2	1	1	1	1
Senior Consultant, Funding and Allocation	1	1	1	1	1
Consultant, Funding and Allocation	2	2	2	2	2
Program Analyst	1	1	1	1	1
Consultant, Performance and Integration	1	1	1	1	1
Decision Support Consultant	1	1	1	1	1
Controller	1	1	1	1	1
Corporate Services Assistant	2	2	2	2	2
French Language Services Coordinator	1	1	1	1	1
Total FTEs	**24**	**24**	**24**	**24**	**24**

Note: FTEs have increased by 1 to reflect French Language Services now in LHIN Operations base.

LHIN Operations Spending Plan					
LHIN Operations Sub-Category ($)	**2010/11 Allocation**	**2010/11 Actuals**	**2011/12 Planned Expenses**	**2012/13 Planned Expenses**	**2013/14 Planned Expenses**
Salaries and Wages	2,222,450	2,208,414	2,362,295	2,409,541	2,442,696
EMPLOYEE BENEFITS					
HOOPP	222,245	230,738	236,230	240,955	243,364
Other Benefits	244,470	195,400	255,094	259,268	269,754
Total Employee Benefits	***466,715***	***426,138***	***491,324***	***500,222***	***513,118***
TRANSPORTATION AND COMMUNICATION					
Staff Travel	45,900	29,787	34,000	34,680	35,000
Governance Travel	30,600	19,551	25,000	25,500	26,000
Communications	81,600	65,094	75,000	75,000	75,000
Other	15,300	-	25,000	-	-
Total Transportation and Communication	***173,400***	***114,432***	***159,000***	***135,180***	***136,000***
SERVICES					
Accommodation	245,440	224,681	235,440	240,000	240,000
Community Engagement					
Advertising	15,000	30,862	20,000	20,000	15,000
Banking	100	101	100	100	100
Consulting Fees	400,000	333,396	340,000	330,000	300,000
Equipment Rentals	10,000	7,079	7,769	7,925	8,084
Board Chair Per Diem Expenses	80,000	77,175	80,000	80,000	80,000
Other Board Members Per Diem Expenses	80,000	69,525	90,000	90,000	90,000
Insurance	23,000	22,334	23,000	23,460	23,929
LSSO Shared Costs	359,000	359,495	359,000	359,000	359,000
LHINC	50,000	50,000	50,000	50,000	50,000
Other Meeting Expenses	40,000	25,069	30,000	30,000	30,000
Other Governance Costs	35,000	19,906	40,000	30,000	30,000
Printing and Translation	62,823	48,422	50,000	50,000	50,000
Staff Development	45,000	51,368	60,000	50,000	45,000
Other Services	-	21,097			
Total Services	***1,445,363***	***1,340,510***	***1,385,309***	***1,360,485***	***1,321,114***
SUPPLIES AND EQUIPMENT					
IT Equipment	20,000	34,419	35,000	30,000	25,000
Office Supplies & Purchased Equipment	55,000	50,551	50,000	47,500	45,000
Total Supplies and Equipment	***75,000***	***84,970***	***85,000***	***77,500***	***70,000***
Capital Expenditures	125,000	167,138	25,000	25,000	25,000
LHIN Operations: Total Planned Expense	**4,507,928**	**4,341,602**	**4,507,928**	**4,507,928**	**4,507,928**
Annual Funding Target		4,466,690	4,507,928	4,507,928	4,507,928
Surplus		125,088	0	- 0	0

ABP Communication Plan

Objectives

The Annual Business Plan (ABP) is a key component of the Ministry / LHIN accountability framework. The Central West LHIN's 2011-2012 Annual Business Plan will operationalize the IHSP2 by providing a detailed implementation plan for the upcoming year. The plan will build on previous years' successes, will capture changes for the 2011-2012 year, and will recognize that many initiatives have implications in years beyond 2011-2012.

Context

The LHIN develops an ABP because this document outlines key actions and interventions the LHIN intends to take, focusing on integrating health services. It outlines the expected impacts of these key action items, for each of the LHIN's priorities identified in the IHSP2. The IHSP2 details the LHIN's priorities and strategic directions for the local health system, including specific goals and rationale and the measures that will be used to determine the LHIN's successes. Finally, the ABP provides overall goals and specific objectives for spending the upcoming year's funding allocation.

Target Audience

- Public (taxpayers, patients/clients and family members)
- Media
- Health service providers and physicians
- Minister's office
- Local government stakeholders (specifically MPPs)
- Ministry of Health and Long-Term Care

Strategic Approach

Messaging about the ABP will be consistent with the Central West LHIN's other planning documents, will reflect the key messages found in the LHIN's Communications Strategy 2009-2011, and will be aligned with the Communications in French Directive and Guidelines put forth by the Ontario Public Service as appropriate.

- **Central West LHIN Website**: Post ABP background materials and information.
- **Media Relations**: Position stories that reflect how the ABP is unfolding in press releases and other appropriate forms of media outlets, including radio, television, newspaper, etc.
- **Leverage Ongoing Meetings**: Discuss/present at board meetings and meetings with stakeholders, particularly focusing on audience-specific messaging.
- Include stakeholder-specific information in newsletter, bulletins and *LHINfo Minute*.

Tactics

- MPP and municipal meetings and presentations
- Board to board meetings
- Governance leadership forums
- Speakers' Bureau
- News releases and related communications products
- Bulletins and newsletters
- Traditional media buys
- Annual Report
- Knowledge building / information sessions (symposiums, events)
- HSP event attendance, including annual meetings

C'est pour vous
C'est pour votre santé.

Central West **LHIN**

Contact Information

Telephone: 905.455.1281
Toll Free: 1.866.370.5446
Fax: 905.455.0427

8 Nelson Street West, Suite 300
Brampton, Ontario
L6X 4J2

www.centralwestlhin.on.ca

RLISS du Centre-Ouest

Coordonnées

Téléphone : 905.455.1281
Sans frais : 1.866.370.5446
Télécopieur : 905.455.0427

8, rue Nelson Ouest, bureau 300
Brampton (Ontario)
L6X 4J2

www.centralwestlhin.on.ca

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